
CROWLEY & OTERO COUNTY 2013 HEALTH STATUS REPORT & IMPROVEMENT PLAN



Early view of Santé Fe Avenue in downtown La Junta, CO 1915

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INTRODUCTION

OVERVIEW

Development and Implementation of the Public Health Plan (pursuant to C.R.S. 25-1-505 (2)(d)): The Otero County Health Department's (OCHD) Public Health Improvement Plan (PHIP) was developed by OCHD staff, primarily Susan Workman, Director of Nursing, and Donna Starck, Special Projects Coordinator. Working in concert with other OCHD staff members, Susan and Donna administered surveys in both Crowley and Otero Counties. Once these surveys were completed, the data was tabulated and put in a meaningful, useful format. This data was then examined to better understand health status and risk factors in Crowley and Otero Counties. Data from the PHIP has been shared with the South East Healthcare Coalition (SEHC) and the Otero County Board of Health. The PHIP will be implemented through OCHD with assistance from members of the SEHC, the local Board of Health, local media (both radio and print), and various OCHD programs such as WIC, Tobacco Control, Nursing, and the Cardiovascular Disease Prevention Program (CDPP).

Coordination to Accomplish Goals and Priorities (pursuant to C.R.S. 25-1-505 (2)(e)): One of the ten essential public health services identified by the Institute of Medicine in 1988 is to mobilize public and private sector collaborations and partnerships. In concert with this is the Legislative Declaration found at C.R.S. 25-1-501 (1)(e), "Developing a strong public health infrastructure requires the coordinated efforts of state and local public health agencies and their public and private sector partners ...". These relationships are absolutely essential in the fulfillment of OCHD's public health mission. A component of that mission is to accomplish the goals and priorities of the PHIP. In the pursuit of accomplishing the goals and priorities of the PHIP, OCHD will continue to closely collaborate with our public and private sector partners. More specifically, we will rely on CDPHE to provide us with funding through program contracts, technical information, expertise and guidance. Our programs will work with the South East Healthcare Coalition and other partners such as county commissioners, local businesses and organizations to operationalize our efforts to reduce obesity and associated problems such as cardiovascular disease, high blood pressure, and diabetes.

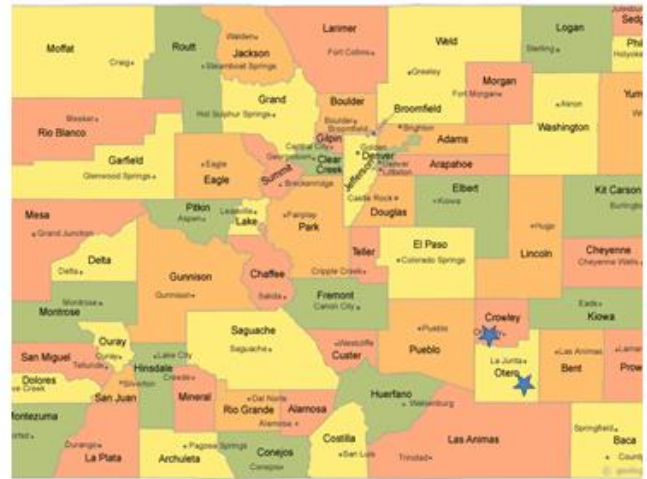
Financial Resource Identification (pursuant to C.R.S. 25-1-505 (2)(f)): Public health funding is a dizzying amalgamation of federal, state, and local dollars. The vast majority of the funds are "siloed", meaning they can only be used for a specific purpose/program. Siloed funds are typically federal. Some state and local funds are more discretionary in nature, such as the CDPHE Office of Planning and Partnership (OPP) funding and local per capita contributions that are required to qualify an LPHA to receive OPP funds. OCHD will use siloed funds provided through its two Amendment 35 programs, namely CCPD and STEPP, to address the number one killer in Southeast, rural Colorado which is cardiovascular disease. The WIC Program and its supporting funds will continue to be used for nutritional support and counseling to address obesity and diabetes prevention and control. Discretionary funds will be used opportunistically as circumstances allow.

HEALTH STATUS REPORT

COMMUNITY DESCRIPTION

Crowley and Otero Counties cover a total area of 2,057 square miles (789 Crowley / 1,268 Otero). Adjacent counties are Bent, El Paso, Kiowa, Las Animas, Lincoln and Pueblo. Today, Crowley County is the home of four towns: Crowley, Olney Springs, Ordway, and Sugar City. It is the site of both a state and private prison. Otero County is the home of four towns: Cheraw, Fowler, Manzanola and Swink, as well as two cities; La Junta and Rocky Ford.

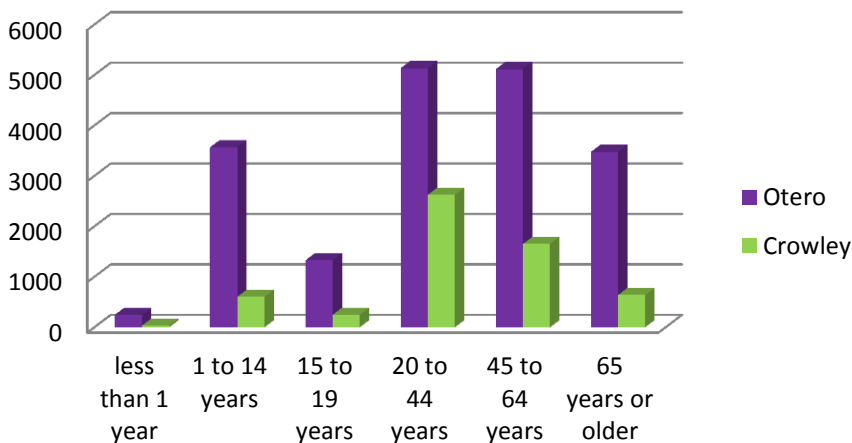
Together, these two counties represent a community that is proudly living out its ancestral values and traditions. This agricultural community is still experiencing great change, not only from natural and economic factors, but also from the influx of new inmate families and retirees who bring with them unfamiliar cultures and ways of life. Over the past several years, severe drought has impacted both counties, hampering agricultural efforts.



POPULATION CHARACTERISTICS

In this section, basic characteristics of Crowley and Otero County's population are described, such as age, gender, and race/ ethnicity. Based on the US Census 2012, the population estimate in Crowley was 5,365, and 18,698 in Otero. In the past ten years, Crowley County's population has increased approximately 20%; however Otero County's population has decreased approximately 5%. The state saw an 18% increase.

Population by Age



https://dola.colorado.gov/dlg/demog/age_colo.html (1)

Age

In 2012, the median age of Crowley County was 39.3 and 40.9 in Otero County. The state median age is 36.4. (2)

Race and Ethnicity

Based on the 2011 Census Bureau data, the percentage of the Hispanic population in Crowley is 26.9 percent, and 40.9 percent in Otero, 19.9 percent higher than the state average. (3)

SOCIAL DETERMINANTS OF HEALTH

ECONOMIC INDICATORS

This segment of the Community Health Assessment will focus on Otero County's Economic Indicators. These indicators were chosen to portray the community's economic status. Areas highlighted will include Income, Poverty Levels, Free and Reduced Lunch Eligibility, education, and Food Stamp Recipients.

Income

From 2009 to 2011 Crowley and Otero counties median household income has shown a minimal increase. The two prisons in Crowley employ many local people.

	<u>2009</u>	<u>2011</u>
Crowley	\$29,104	\$30,279
Otero	\$30,373	\$31,246
Colorado	\$55,735	\$57,685

Poverty

Residents of Crowley and Otero County enjoy the effects of low cost of living expenses and quality of life. Poverty continues to be an issue for both counties as they are .8% to 1.1% above the poverty rate for Colorado, with Crowley County having a higher poverty and unemployment rate than Otero.

Free and Reduced Lunch Eligibility

Considered as an indirect measure of poverty, the percentage of students (K-12) enrolled or eligible for the free and reduced lunch program is used. For Crowley County the percent of students eligible or enrolled in 2011 was 72.23%, and Otero County was 68.06%. The percentage for Colorado is 41.18%, a difference of 31.05% in Crowley, and 26.88% in Otero. (4)

Food Stamp Recipients

From 2010 to 2011, there has been a 32.2% increase in participation in the food stamp program. The increase could be a reflection of the economic status of both Crowley and Otero County's and of the unemployment rate. Also, the percent of households that received food stamps in the past 12 months with an adult 60+ years old was 34.12% in Crowley and 27.08% in Otero, compared to Colorado at 21.04%.

Education

In 2011, the total school enrollment (prekindergarten to 12th grade) in Crowley County was 479, whereas Otero County's enrollment was 3,314. Enrollment continues to drop in Otero County due to families relocating to find work. In general, lower poverty rates were associated with higher levels of education. For instance, a higher percentage of young adults without a high school diploma (31 percent) were living in poverty than were those who had completed high school (24 percent) and those who had earned a bachelor's or higher degree (14 percent).

Graduation Rate

According to the latest Census, both Crowley and Otero's High School completion rate (graduates from High School) exceed the state level.

	<u>Year</u>	Crowley	Otero	Colorado
School dropout rate	2010-2011	0.70%	1.59%	2.99%
High school completion rate	2011	79.49%	85.94%	77.31%

PHYSICAL ENVIRONMENT

“Personal health depends on many factors, such as access to nutritious food, clean air, housing and water, and opportunities for regular physical activity. When these are easily available in the communities where we live, work and play, they can contribute to good health.”(5)

Access to Recreation

Access /Availability to recreational facilities all play a role in physical activity levels among youth and adults in Crowley and Otero County's. Aside from parks, Crowley County does not have any public exercise facilities. However, Otero County has only a few.

	Crowley	Otero	Region 6	Colorado
Percent that have access to public exercise facilities in their neighborhood	*	68.50%	71.20%	79.90%
Percent with sufficient sidewalks or shoulders in their neighborhood to safely walk, run or bike (smooth surface, wide, clean, etc.) 2009	*	50.20%	51.60%	83.90%

* Indicates no data was collected for this indicator



Fast Food Restaurant Establishments

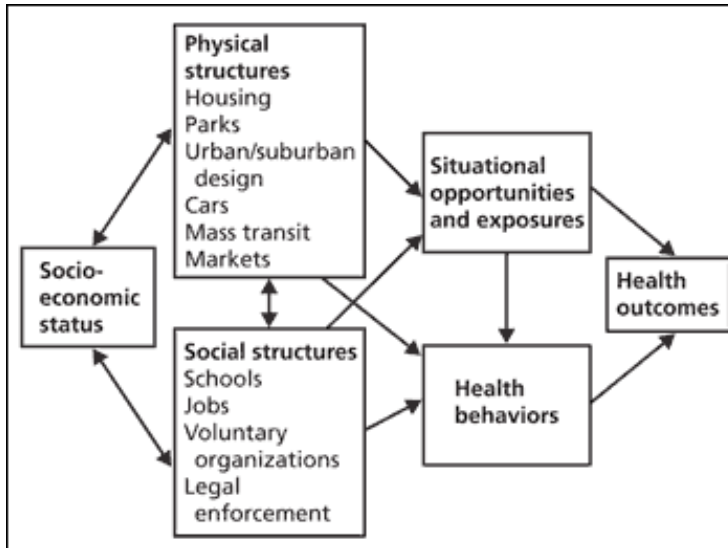
With the convenience and availability of fast-food restaurants, an individual's eating and health habits can impact their health status and well-being, both physical and mental. Below is a comparison of fast food restaurants vs. healthy food outlets for both counties. The rate of fast food establishments exceeds the rate of healthy food establishments.

	Year	Crowley	Otero
Rate of fast food establishments per 1,000 people	2010	0	1.18
<i>Pueblo (.76), El Paso (.65), Fremont (.88), and Huerfano (1.55)</i>			
Rate of healthy food outlets per 1,000 residents	2010	0.172	0.21

Safety

This section of the Community health assessment will highlight community safety. Indicators covered will be Violent and Property Crime Rates and number of Liquor Stores. Violence affects health. “Community safety should allow citizens to pursue and obtain the fullest benefits from their social and economic lives without fear or hindrance from crime and disorder”. (6)

Researchers from Rand (**Research and Development**) have focused on whether residents of neighborhoods with a high percentage of boarded-up stores and homes, litter, and graffiti (what political scientist James Q. Wilson has referred to collectively as “broken windows”) experience a higher incidence of disease and premature death than do people who live in neighborhoods that are not deteriorated.



The researchers key findings:

Even after controlling for poverty, residents of deteriorated neighborhoods had higher rates of gonorrhea, premature death in general, and death from cardiovascular disease and homicide.

A neighborhood’s *collective efficacy* — i.e., residents’ willingness to help out for the common good — was associated, after controlling for poverty, with lower rates of premature death in general and death from cardiovascular disease and homicide.

However, the association between collective efficacy and lower rates of premature death was not seen in neighborhoods with a high percentage of boarded-up stores and homes, litter, and graffiti.

The above chart provides an example of how the broken windows concept might be used to understand health issues. The figure illustrates how neighborhood conditions might affect residents’ health by inhibiting or facilitating risk-taking behavior, by influencing social relationships, and by exposing residents to visual cues that can arouse fear, anxiety, and depression. (7)

Number of Liquor Stores

“A study released in 1995 by a group of USC researchers has found a direct correlation between the number of alcohol outlets in an area and the rate of violent crime.

The study--conducted by Richard A. Scribner, David P. MacKinnon and James H. Dwyer--was the first to scientifically examine the relationship between the density of liquor stores and bars and violent crime rates in the communities they serve. It was carried out over four years.

The researchers looked at cities with a population of 10,000 or more and examined both on-sale liquor sites, such as bars and restaurants, and off-sale outlets, such as minimarkets and liquor stores. Dwyer, an epidemiologist, said that even by statistically controlling for the variation of unemployment rates in the communities--which is also considered an indicator of crime rates--the findings still showed a connection between the availability of alcohol and crime.

"This is not to single out liquor stores as the No. 1 contributor to violence," Dwyer said. "But unlike unemployment rates, (the number of alcohol outlets in an area) is something that can be controlled" (8)

Rate of liquor stores (per 1,000 population) in 2010

Crowley	Otero
.779	.32
78%	32%

* Crowley and Otero liquor store rates are well below the state rate. (9)

Violent and Property Crime Rates

Violence is now clearly recognized as a public health problem, but just 30 years ago the words “violence” and “health” were rarely used in the same sentence. Several important trends contributed to a growing recognition and acceptance that violence could be addressed from a public health perspective. First, as the United States became more successful in preventing and treating many infectious diseases, homicide and suicide rose in the rankings of causes of death. Tuberculosis and pneumonia were the two leading causes of death at the turn of the 20th century. By mid-century, the incidence and mortality from these infectious diseases along with others such as yellow fever, typhus, poliomyelitis, diphtheria, and pertussis were dramatically reduced through public health measures such as sanitary control of the environment, isolation of contagious disease cases, immunization, and the application of new therapeutic and medical techniques. Since 1965, homicide and suicide have consistently been among the top 15 leading causes of death in the United States. (10)

Violent and Property Crime Rates for Otero and Crowley Counties in 2011

	Crowley	Otero	Colorado
Adult violent crime rate (per 1,000 population 18+ years old)	.59 crimes	2.59	1.44
Juvenile violent crime rate (per 1,000 population 10-17 years old)	0.00	.98	1.15
Adult property crime rate (per 1,000 population 18+ years old)	2.98	10.78	8.2
Juvenile property crime rate (per 1,000 population 10-17 years old)	0.00	9.81	15.44

Crowley County has seen an increase in overall crime rates by 60%, and Otero by 54.69% (11)

ENVIRONMENTAL QUALITY

“Environmental quality is a general term which can refer to varied characteristics that relate to the natural environment, such as indoor and outdoor measures of health, including household hazards, air and water purity pollution, noise and the potential effects which such characteristics may have on physical and mental health caused by human activity.” (12)

Housing

A home is a place of residence or refuge. When it refers to a building, it is usually a place in which an individual or a family can live and store personal property such as a single family detached home or apartment. It is generally a place to provide safety and is used as a center from which people base their daily activities.

Rental vs. Homeownership

	Crowley	Otero	Colorado
Rent	27%	31%	34%
Own	51.0%	55.9%	79.2%

(13/14)

Water

Safe drinking water is an important component in any community. A potential source of water contamination includes sewage. In populated areas, such as La Junta, water treatment plants are built to treat sewage, prior to it being released back into the water system or source. In many homes in the rural, unincorporated areas of Otero and Crowley counties, sewage is released into either septic tanks or leech ponds. The sewage has a potential of leaking into the shallow ground water, and thus into the drinking water of home wells. A significant number of residents in both Crowley and Otero utilize underground wells as their main source of water supply. Data is unavailable as to the number of underground well usage located in Crowley and Otero Counties.

The number of public water systems that reported levels of contaminants in Crowley is 5, and 23 in Otero.

Housing and Lead

“Lead is particularly dangerous to children because their growing bodies absorb more lead than adults do and their brains and nervous system are more sensitive to the damaging effects of lead. Babies and young children can also be more highly exposed to lead because the often put their hands and other objects that can have lead from dust and soil on them into their mouths”

Lead paint was used in homes and buildings built prior to 1960. The percentage of homes built prior to 1960 in Crowley County is 59% and Otero County is 57%, compared to the state at 62%. (15)

Radon

Radon is a colorless and odorless gas, and therefore not detectable by human senses alone. At standard temperature and pressure, radon forms a monatomic gas with a density of 9.73 kg/m³,^[6] about 8 times the density of the Earth's atmosphere at sea level, 1.217 kg/m³.^[7] Radon is one of the densest gases at room temperature and is the densest of the noble gases. Although colorless at standard temperature and pressure, when cooled below its freezing point of 202 K (−71 °C; −96 °F), radon emits a brilliant radio luminescence that turns from yellow to orange-red as the temperature lowers.^[8] Upon condensation, radon glows because of the intense radiation it produces.¹(16)

The Environmental Protection Agency (EPA) recommends homes be mitigated if levels are 4pCi/L (pico Curies per Liter) or more. However, because there is no known safe level of exposure to radon, the EPA also recommends that Americans consider mitigation of homes if radon levels are between 2-4 pCi/L.

Results between 2 and 3.9 pCi/L in Crowley County are 21%, and 20% in Otero County. However, results 4 pCi/L and above in Crowley are 11%, and 39% in Otero. (17)

Air Quality

"Particulate matter," also known as particle pollution or PM, is a complex mixture of extremely small particles and liquid droplets. Particle pollution is made up of a number of components, including acids (such as nitrates and sulfates), organic chemicals, metals, and soil or dust particles.

The size of particles is directly linked to their potential for causing health problems. EPA is concerned about particles that are 10 micrometers in diameter or smaller because those are the particles that generally pass through the throat and nose and enter the lungs. Once inhaled, these particles can affect the heart and lungs and cause serious health effects.

EPA groups particle pollution into two categories:

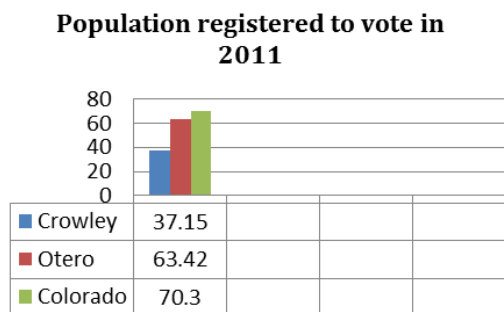
- "Inhalable coarse particles," such as those found near roadways and dusty industries, are larger than 2.5 micrometers and smaller than 10 micrometers in diameter.
- "Fine particles," such as those found in smoke and haze, are 2.5 micrometers in diameter and smaller. These particles can be directly emitted from sources such as forest fires, or they can form when gases emitted from power plants, industries and automobiles react in the air. (18)
- * No data available for Crowley and Otero County's

SOCIAL FACTORS

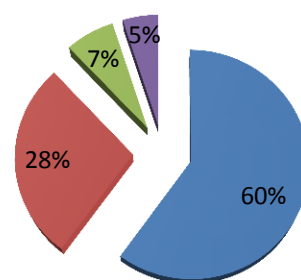
The social environment includes those things that contribute to one's ability to relate to others and is a major determinant of health. The strength of social networks within a community, social stability, recognition of diversity and culture, safety, good working relationships, civic participation, and volunteerism are part of the social environment. A healthy social environment can help individuals or groups reduce or avoid many potential risks to good health. The caring that comes from social networks brings a sense of well-being and seems to act as a buffer against health problems. A social environment that supports people working together on common issues through partnerships is invaluable and contributes to good health.

Over the past several decades, health researchers have found evidence that an individual's social environment or culture as well as their lifestyles and behaviors can influence the incidence of illness in a population. Exactly which social factors influence health is still being studied, but several recommended indicators such as participation, and political influence are summarized here.

Participation in one's social environment may include attending local facilities such as community libraries or churches. The chart indicates the breakdown of population affiliated with a religious congregation in Otero and Crowley counties.



■ Catholic ■ Other ■ Methodist ■ Southern Baptist



Political participation, sometimes called political influence, is another social well-being indicator. This is often measured by two related indicators: a) the percent of the population that is registered to vote, and b) the percent of active voters. (19)

HEALTH BEHAVIORS AND CONDITIONS

Definition of health behavior is an action taken by a person to maintain, attain, or regain good health and to prevent illness. Health behavior reflects a person's health beliefs. Some common health behaviors are exercising regularly, eating a balanced diet, and obtaining necessary inoculations. (20)

Nutrition

Eating a balanced diet is vital for good health and wellbeing. Food provides our bodies with the energy, protein, essential fats, vitamins and minerals to live, grow and function properly. We need a wide variety of different foods to provide the right amounts of nutrients for good health. Enjoyment of a healthy diet can also be one of the great cultural pleasures of life.

The major causes of death, illness and disability in which diet and nutrition play an important role include coronary heart disease, stroke, hypertension, atherosclerosis, obesity, some forms of cancer, Type 2 diabetes, osteoporosis, dental caries, gall bladder disease, dementia and nutritional anemia's. A healthy diet will help minimize risk of developing diet-related disease. (21)

Fast Food – Diet

Fast food nutrition should make up a minimal part of a healthy diet. Fast foods and junk foods are high in fat, sodium and sugar, which can lead to obesity and a range of attendant health problems, including diabetes, heart disease and arthritis, 54.02% of Otero's population indulges in fast food. This percentage is 10.38% less than Colorado. (22)

* No data was provide for Crowley County

Obesity

Obesity is an abnormal accumulation of body fat, usually 20% or more over an individual's ideal body weight. Obesity is associated with increased risk of illness, disability, and death. (23)

	Crowley	Otero	Colorado
% of adults (18+) who are overweight	*	73.47	56.24
% of adults (18+) who are obese	*	32.04	19.85

* No data was provided for Crowley County

BMI Categories:

Underweight = <18.5 Normal weight = 18.5–24.9

Overweight = 25–29.9 Obesity = BMI of 30 or greater

Childhood Obesity

Childhood obesity is a condition where excess body fat negatively affects a child's health or wellbeing, In Otero County, 9.6% of children over 2 years of ages were above the 95% percentile range, compared to Colorado at 10.0%.

* No data was provided for Crowley County.

Tobacco Use / Exposure

Tobacco use is the number one cause of preventable death in the United States and around the world.

Tobacco killed one hundred million people worldwide in the 20th century and if current trends continue, it will kill one billion people in the 21st century.

Every year, tobacco kills more than 400,000 Americans and nearly six million people worldwide. The vast majority started smoking as children. (24)

Percent of adults aged 18+ years who currently smoke cigarettes in Otero County is 17.2%, compared to 16.9% in Colorado. (25)

* No data was provided for Crowley County.

Physical Activity

“Physical exercise is any bodily activity that enhances or maintains physical fitness and overall health and wellness. Frequent and regular physical exercise boosts the immune system, and helps prevent the "diseases of affluence" such as heart disease, cardiovascular disease, Type 2 diabetes and obesity. It also improves mental health, helps prevent depression, helps to promote or maintain positive self-esteem, and can even augment an individual's sex appeal or body image, which is also found to be linked with higher levels of self-esteem.” (26)

In Otero County, 53.70 percent of adults aged 18+ years report participating in 30+ minutes of moderate activity per day on 5+ days/week or 20+ minutes of vigorous activity per day on 3+ days/week. (27)

* No data was provided for Crowley County.

Injury

Motor vehicle crashes are the leading cause of death for U.S. teens. In 2010, seven teens ages 16 to 19 died every day from motor vehicle injuries. Per mile driven, teen drivers ages 16 to 19 are three times more likely than drivers aged 20 and older to be in a fatal crash. (28) In 2008, 25% of teens ages 15-20 who died in car crashes in Colorado were riding with teen drivers ages 15-17. (29)

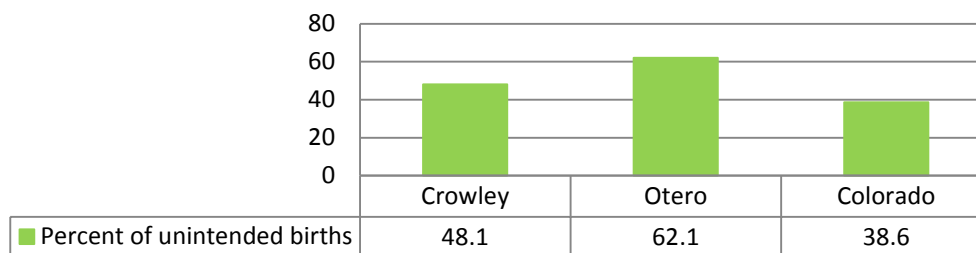
Sexual Health

Unintended pregnancy occurs when a woman becomes pregnant sooner than she desires or when she does not desire the pregnancy at any time. Unintended pregnancy resulting in live birth is an unintended birth. In 2010, more than one-third (36 percent) of Colorado mothers reported their last pregnancy ending in birth was unintended. This included 26 percent reporting a mistimed pregnancy and 10 percent reporting an unwanted pregnancy.

Unintended pregnancy resulting in birth is associated with many poor health and social outcomes for both mother and child. It is also costly. In 2006, more than one million births, or 64 percent of all unintended births in the U.S., were publicly funded. Unintended births in Colorado cost Medicaid more than \$160 million that same year.

Due to the high rates, negative outcomes and high costs associated with unintended births, reducing unintended pregnancy is one of the state health department's Winnable Battles and a priority for the Colorado Maternal and Child Health Program. (30)

Percent of unintended births



(31)

Fertility Rate by Age

Fertility rate is defined as the measure of fertility (births) among the females of a population. The general fertility rate measures the fertility among women of childbearing age, defined as ages 15-44. (32)

	Crowley	Otero	Colorado
Rate of live births born to women age 15-17 per 1,000	26.07	38.42	17.16
Births to Latina teens 15-17	57.1	87.2	64.1

Low Birth - weight

Each year, 12% of infants are born preterm and 8.2% of infants are born with low birth weight. In addition to increasing the infant's risk of death in its first few days of life, preterm birth and low birth weight can lead to devastating and lifelong disabilities for the child. Primary among these are visual and hearing impairments, developmental delays, and behavioral and emotional problems that range from mild to severe.

Percent of live births with low birth weight (< 2500 grams) in Crowley County is 11.01, and Otero County is 10.35, compared to Colorado at 8.75.

BEHAVIORAL HEALTH

Mental Health

Mental health is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. (33)

Mental Health Indicators:

In the past, more emphasis and resources had been devoted to the screening, diagnosis, and treatment of mental illness rather than mental health. Little has been done to protect the mental health of those free of mental illness. Indicators representing good mental health are listed below:

- Emotional well-being °such as perceived life satisfaction, happiness, cheerfulness, peacefulness.
- Psychological well-being °such as self-acceptance, personal growth including openness to new experiences, optimism, hopefulness, purpose in life, control of one’s environment, spirituality, self-direction, and positive relationships.
- Social well-being °social acceptance, beliefs in the potential of people and society as a whole, personal self-worth and usefulness to society, sense of community. (34)

Suicide

Suicide is a serious public health problem that affects even young people. For youth and young adults between the ages of 10 and 24, suicide is the third leading cause of death. It results in approximately 4,600 lives lost each year. (35)

Colorado adults with annual household incomes less than \$15,000 are over 3 times more likely to have suicidal thoughts than those with annual household incomes \$25,000 or higher. (36)

Age-adjusted rate of suicide hospitalizations (per 100,000 population) from 2009-2011 in Crowley was 16.3, and 99.4 in Otero, compared to Colorado at 57.6.

Binge Drinking

Per the National Institute on Alcohol Abuse and Alcoholism, binge drinking is defined as drinking 5 or more alcoholic beverages for a man or 4 or more alcoholic beverages for a woman on a single occasion, generally within about 2 hours. The healthy People 2020 objective regarding binge drinking is to “reduce the proportion of persons engaging in binge drinking during the past month- adults aged 18years and older to 24.3 percent” (39)

In Otero County, 9% percent of adults reported binge drinking from 2007-09, compared to Colorado at 15.89%. (40)

Substance Abuse

Substance abuse is a major public health problem that impacts society on multiple levels. Directly or indirectly, every community is affected by substance abuse and addiction, as is every family. (37)

Health Impact of Substance Abuse:

Substance abuse contributes to a number of negative health outcomes and public health problems, including:

Cardiovascular conditions	Pregnancy complications
Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)	Teenage pregnancy
Sexually transmitted diseases (STDs)	Child abuse
Domestic violence	Motor vehicle crashes
Homicide	Suicide

In 2009, an estimated 10.5 million people age 12 or older reported driving under the influence of illicit drugs in the previous year. In 2009, among fatally injured drivers, 18 percent tested positive for at least one drug.

Prenatal drug exposure can result in premature birth, miscarriage, low birth weight, and a variety of behavioral and cognitive problems. (38)

HEALTHCARE ACCESS, USE AND QUALITY

Quality of Life

Access to comprehensive, quality health care services is important for increasing the quality of a healthy life for every resident in Crowley and Otero County. Access to health care as well as limits or lack of health care access impacts overall physical, social, and mental health status. This section looks at indicators in four broad areas; received needed care, preventive care, health insurance coverage, and provider availability.

Received Needed Care

Perception of health is a self-reported indicator of how an individual sees his or her own general health as excellent, very good, good, fair, or poor. Self-assessed health status has been found to be a good predictor of mortality and morbidity above and beyond predictions based on the presence of health problems, disability, and lifestyle risk factors. (41)

Physical Health

	Crowley	Otero	Colorado
Percent of adults who reported that their general health was fair or poor 2008 - 2010	*	21.60	12.50
Percent of adults who are satisfied or very satisfied with their life in general 2008 - 2010	*	92.95	95.63

*No data was provided for Crowley County

Mental Health

The number of poor mental health days within the past 30 days is used as one measurement of a person's health-related quality of life. Poor mental health includes stress, depression, and other emotional problems and can prevent a person from successfully engaging in daily activities, such as self-care, school, work, and recreation."

	Crowley	Otero	Colorado
Average number of days (in the past 30 days) experienced by adults when their mental health was not good. 2008 – 2010	*	3.74	3.20

*No data was provided for Crowley County

Preventive Care

Assessing the use of evidence-based preventive services is another essential community indicator to monitor. Preventive services are those that prevent illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention) and detect a disease at an earlier, and often more treatable, stage (secondary prevention).

	Crowley	Otero	Colorado
The percent of adults aged 18+ years who report having had a flu shot in the past 12 months 2008-2010.	*	50.3%	41.8%
Percent of adults aged 18+ years who have had cholesterol screening in past 5 years.	*	72.3%	74.9%
Percent of females aged 40+ years who report having had mammogram within last 2 years.	*	72.0%	71.5%
Percent of adults aged 50+ years who had colonoscopy within 10 years OR sigmoidoscopy within 5 years OR FOBT within the last 1 year (42)	*	55.0%	63.6%

*No data was provided for Crowley County

Oral Health -Even though diseases of the mouth (oral diseases) are nearly 100 percent preventable, Colorado kids miss about 7.8 million school hours every year because of mouth pain. Safe, inexpensive preventive measures such as water fluoridation and dental sealants are available, but many children lack access to these interventions, and cavities are still the most common chronic disease of childhood. Nationally, the number of children between ages 2 and 5 with cavities has increased 15 percent during the past decade. An estimated 42 percent of working-age Coloradans and approximately 67 percent of Colorado adults over 65 years of age do not have dental benefits. (43)

Health Insurance Coverage

Coloradans living in rural areas are more likely to be underinsured and uninsured due to the high number of self-employed farmers, ranchers and small business owners, as well as those working in low-wage positions in the service industry. Those employees that are offered insurance typically have limited options for carriers and face high premiums. (44)

Lack of health insurance is a major barrier to obtaining needed and preventive health care. Among children between the age of 0 and 18 years, 17.3% in Crowley and 16.1% in Otero are uninsured. In comparison, 20.5% of residents in Crowley and 26.0% of Otero residents between 19 and 64 years of age are without health insurance for all or some part of the year. The rate of uninsured in Crowley and Otero counties is higher than the overall rate of uninsured in Colorado at 17%. (45)



Provider Availability

The Colorado Health Institute (CHI) estimates that 510,000 Coloradans nearly one of every 10 residents will become newly insured under federal health reform's Affordable Care Act between 2014 and 2016. Many health care planning and policy experts in Colorado and across the nation have worried that the expected influx of the newly insured will overwhelm the health care system and create an unfilled need for primary care providers.

Colorado will need an additional 83 to 141 primary care providers for the newly insured. This breaks down to a need for between 71 and 117 additional primary care physicians and between 12 and 24 additional nurse practitioners and physician assistants.

Still, a number of areas in Colorado already struggle with a shortage of primary care providers, and attracting even a small number of doctors and nurses will be a challenge. (46)

Medical Providers in Crowley and Otero Counties (46/47)

<u>Type of Provider</u>	Crowley	Otero
Dentist	0	4
Dental Hygienists	1	3
Nurse Practitioners	2	10
Physicians	2	28
Physician Assistants	2	2
Psychologists	0	4
Registered Nurses	25	229
Certified Nurse Aides (CNA)	47	235
Certified Nurse Midwives	0	1
Social Workers	1	6
Pharmacist	5	8
Occupational Therapists	0	5
Physical Therapists	0	7
Respiratory Therapists	2	11

POPULATION HEALTH OUTCOMES

MORBIDITY

Morbidity refers to the state of being diseased or unhealthy. Certain diseases like cardiovascular problems, lung and blood diseases constitute a large proportion of causes of morbidity in individuals. A person can have several comorbidities at the same time which can range from Alzheimer's disease to any injury or cancer.

Asthma

Asthma is a disease that affects your lungs. It is one of the most common long-term diseases of children, but adults can have asthma, too. Asthma causes wheezing, breathlessness, chest tightness, and coughing at night or early in the morning. (48)

	Crowley	Otero	Region 6	Colorado
Percent of adults (aged 18+ years) that have been told by a health care provider that they currently have asthma 2008-2010	*	8.4%	9.6%	8.5%
Percent of high school students with asthma.	*	*	*	12.2%
Percent of children age 1 – 14 years with asthma.	*	*	*	8.2%

*No data was provided (49)

Tuberculosis (TB)

Tuberculosis (TB) is an infectious disease that is caused by a bacterium called *Mycobacterium tuberculosis*. TB primarily affects the lungs, but it can also affect organs in the central nervous system, lymphatic system, and circulatory system among others. (52)

The state of Colorado documented 70 new cases of active tuberculosis disease during the 2011 calendar year. This represents a 1.4% decrease from the 71 cases reported in 2010. The largest decline was among the Hispanic population (from 28 cases in 2010 down to 19 in 2011, a 32% decline).

Crowley county last reported (1) case in 2004 and (1) case in Otero county in 2008. (53)

Diabetes

Coloradans are increasingly feeling the effects of diabetes as 316,000 Coloradans suffer from the disease. It is estimated that one out of every three children born after 2000 in the United States will be directly affected by diabetes. Diabetes is a group of diseases characterized by high blood glucose levels that result from defects in the body's ability to produce and/or use insulin.

Type 1 diabetes is a condition characterized by high blood glucose levels caused by a total lack of insulin. Occurs when the body's immune system attacks the insulin-producing beta cells in the pancreas and destroys them. The pancreas then produces little or no insulin. Type 1 diabetes develops most often in young people but can appear in adults.

Percent of adults (aged 18+ years) with diabetes 2008-2010: (51)

Crowley	*
Otero	12.4%
Region 6	10.5%
Colorado	5.9%

*No data was provided for Crowley County

Type 2 diabetes is a condition characterized by high blood glucose levels caused by either a lack of insulin or the body's inability to use insulin efficiently. Type 2 diabetes develops most often in middle-aged and older adults but can appear in young people. (50)

Heart Disease and Stroke

Cardiovascular disease (CVD) is a broad term that includes ischemic heart disease, commonly known as heart attack, stroke, heart failure, hypertensive heart disease, and diseases of the arteries, veins, and circulatory system.

A heart attack, also called a myocardial infarction (MI) - is when part of the heart muscle gets damaged or dies because it isn't getting enough blood. This is usually because of a blocked artery in the heart.

Heart attack hospitalizations and age-adjusted hospitalization rates by county: Colorado residents, both sexes, all ages, 2011.

Crowley	34.9%
Otero	25.4%
Colorado	21.3%

(54)

Chlamydia

Chlamydia is a common sexually transmitted disease (STD) caused by a bacterium. Chlamydia can infect both men and women and can cause serious, permanent damage to a woman's reproductive organs.

Chlamydia is the most frequently reported bacterial sexually transmitted infection in the United States. In 2011, 1,412,791 cases of chlamydia were reported to CDC from 50 states and the District of Columbia, but an estimated 2.86 million infections occur annually. A large number of cases are not reported because most people with chlamydia do not have symptoms and do not seek testing. Chlamydia is most common among young people. It is estimated that 1 in 15 sexually active females aged 14-19 years has chlamydia. (57)

	Crowley	Otero	Colorado
Rate of new Chlamydia cases (15-29 year olds) per 100,000 population 2009-2011 (58)	447.0	1419.3	1643.7

Foodborne Outbreaks

Eating or drinking a contaminated food or beverage can cause a foodborne illness. A foodborne disease outbreak occurs when two or more people get the same illness from the same contaminated food or drink. Every year, about 48 million of us, roughly one in six people in the United States, get sick from eating contaminated food—it could be you, your spouse, your kids, your parents, or other loved ones. While most foodborne illnesses are not part of a recognized outbreak, outbreaks provide important information on how germs spread, which foods cause illness, and, how to prevent infection. (60) In 2009 -2011, zero foodborne outbreaks were reported in Crowley and Otero County.

Cancer

Cancer is the general name for a group of more than 100 diseases. Although there are many kinds of cancer, all cancers start because abnormal cells grow out of control. Untreated cancers can cause serious illness and death. (55)

Data for Crowley and Otero counties indicates lower incidence for all cancers at 413.6 per 100,000 people than the Colorado average of 440.7. However, Crowley and Otero counties have a higher incidence of colon, rectal, lung and bronchial cancer. (56)

Gonorrhea

Gonorrhea is a sexually transmitted disease (STD) caused by a bacterium. Gonorrhea can grow easily in the warm, moist areas of the reproductive tract.

From 2009-2011, Otero County had a lower rate of new Gonorrhea cases (15-29 year olds) per 100,000 people as compared to the Colorado average. (57)

Crowley	0
Otero	85.7
Colorado	196.9

Influenza Hospitalizations

Influenza (the flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death. Some people, such as older people, young children, and people with certain health conditions, are at high risk for serious flu complications. The best way to prevent the flu is by getting vaccinated each year. (58)

There were 57.8 influenza-associated hospitalizations in Otero County during the 2009-2011 influenza season as compared to Colorado with 50.

*No data was provided for Crowley County (59)

MORTALITY

Mortality rate is a measure of the number of deaths (in general, or due to a specific cause) in a population. It is distinct from morbidity rate, which refers to the number of individuals in poor health during a given time period (the prevalence rate) or the number of newly appearing cases of the disease per unit of time (incidence rate). (61)

Infant Mortality

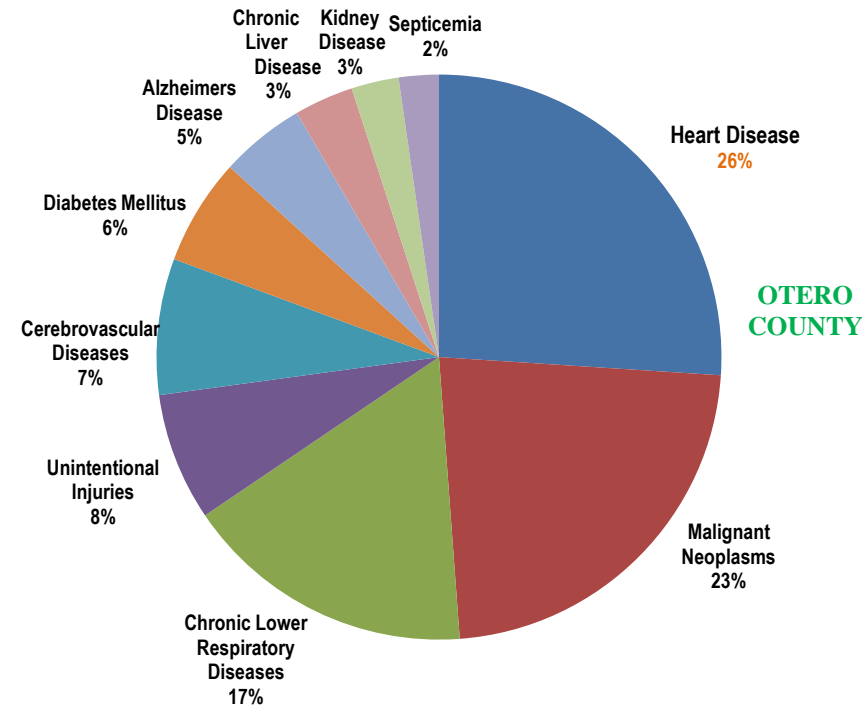
Infant mortality rate (IMR) is the number of deaths of children less than one year of age. The infant mortality rate correlates very strongly with, and is among the best predictors of, state failure. IMR is therefore also a useful indicator of a country's level of health or development, and is a component of the physical quality of life index.

The Physical Quality of Life Index (PQLI) is an attempt to measure the quality of life or well-being of a country. The value is the average of three statistics: basic literacy rate, infant mortality, and life expectancy at age one, all equally weighted on a 0 to 100 scale. (62)

Infant Mortality Rates:

	Crowley	Otero	Region 6	Colorado
Rate of infant deaths (under 1 year of age) per 1,000 live births (63)	*	7.8	7.1	6.0

*No data was provided for Crowley County



10 Leading Causes of Death

Cause of death is all the diseases, conditions, or injuries that either resulted in or contributed to death, and/or the circumstances of the accident or violence that produced such injuries.

Otero County resident deaths are those individuals who reported being residents of Otero County, in Colorado, even if the death occurred while outside of Colorado.

Heart Disease and Cancer (Malignant Neoplasms) rank as the top two cause of death in Otero County. (64)

*No data was provided for Crowley County

Motor Vehicle Deaths

Hundreds of Coloradans are killed each year in preventable motor vehicle crashes. In addition to the human toll, deaths and injuries from motor vehicle crashes have high societal costs. Research from the Centers for Disease Control and Prevention and the National Highway Traffic Safety Administration indicates motor vehicle crash deaths and injuries annually result in medical costs of more than \$103 million in Colorado.⁽⁶⁵⁾

Also, car crashes are the leading cause of death for teens, and about a quarter involve an underage drinking driver. 1 in 5 teen drivers involved in fatal crashes had some alcohol in their system in 2010. Most of these drivers (81%) had BAC's higher than the legal limit for adults. ⁽⁶⁶⁾

Deaths due to Motor Vehicle Accidents per 100,000 Population	Crowley	Otero	Colorado	United States
*No data was provided for Crowley County	*	4	11.1	11.7



Years of Potential Life Lost (YPLL)

Years of potential life lost (YPLL) or potential years of life lost (PYLL), is an estimate of the average years a person would have lived if he or she had not died prematurely. To calculate the years of potential life lost, the analyst has to set an upper reference age. The reference age should correspond roughly to the life expectancy of the population under study. In the developed world, this is commonly set at age 75, but it is essentially arbitrary. ⁽⁶⁷⁾

The YPLL measure is presented as a rate per 100,000 people and is age-adjusted to the 2000 U.S. population. Crowley County had 4,887 YPLL per 100,000 people, compared to Otero at 8,989, it is well above Colorado at 6,000 and the National benchmark of 5,574.⁽⁶⁸⁾

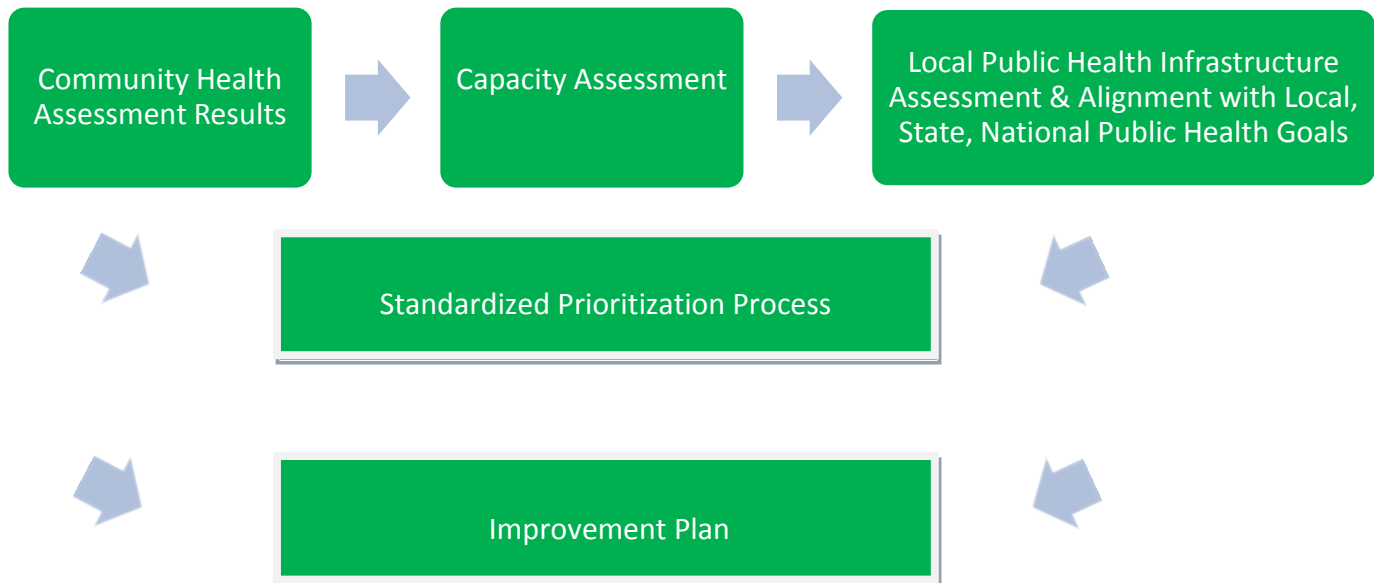
Life Expectancy

When looking at life and healthy life expectancies, a couple questions should be asked: "What are the

life and healthy life expectancies, both overall/at birth and at various ages throughout life?" and "What is the difference between life and healthy life expectancy, that is, the proportion of life expected to be spent in fair or poor health?" The following estimates of healthy life expectancy and their relationship to life expectancy are examined with the above questions in mind. ⁽⁶⁹⁾ Crowley County overall life expectancy for males is 74.6 and Otero is 74.7, compared to females at 79.9 in Crowley County and 80.6 in Otero. ⁽⁷⁰⁾ Nearly 12 percent of Coloradans are 65 years or older. On average, 17 percent of Coloradans living in rural counties are 65 years or older, compared to less than 12 percent in urban counties. ⁽⁷¹⁾

COMMUNITY INPUT

Community health assessment is a process which involves getting community input in identifying concerns, setting priorities, developing action plans, measuring progress, and eventually re-evaluating the community's concerns and priorities. Data was gathered and analyzed from residents living in Crowley and Otero County, key public stakeholders and partners, Southeast Healthcare Coalition and from OCHD staff. The process developed was drawn from the National Association of City and County Health Officials' (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) process as well as other health-related strategic planning processes. The process taken by OCHD is shown below.



METHOD

OCHD began the Community Health Assessment process in August 2012 by sending out 220 electronic surveys to key community leaders and health professionals utilizing Survey Monkey. Results were downloaded and reviewed for general themes, representation from each town / or city within Crowley and Otero counties. The electronic results were poor with only 69 surveys completed on-line. However, through community outreach events and local health fairs we successfully collected a total of 214 surveys within an eight month period. The majority of those that responded live in the following areas of Crowley and Otero Counties: La Junta (56.5%), Rocky Ford (14.0%), and Ordway (11.5%).



SUMMARY OF COMMUNITY ASSESSMENT

The Community Health Assessment asked residents what they believe to be the most important health or medical issues confronting residents of their area. For Example - No health insurance, chronic disease, etc. A very high percentage of respondents said they were very or moderately concerned about at least one of the issues listed below. The top five health or medical issues were as follows:

- 1.) Teen birth rates / teen pregnancy (79.2%)
- 2.) No health Insurance (71.4%)
- 3.) Obesity (68.5%)
- 4.) Diabetes (67.6%)
- 5.) Cancer (63.7%)

We also had a few overarching issues emerge through the open-ended questions which may negatively impact positive health outcomes; poverty, access to healthcare, lack of healthcare, and trust-based interaction between patient and provider.



When asked about other possible community issues residents identified the following areas of concern:

- Low education levels (72.4%)
- Bullying in schools (70.7%)
- Poverty (66.6%)
- Domestic Violence (59%)

CDC states “Poverty, discrimination, and lack of opportunities for education and employment are important risk factors for violence and must be addressed as part of any comprehensive solution to youth violence.”

Comments made by Crowley and Otero county residents express a need to address issues impacting youth (teen pregnancy, obesity, substance abuse, and dropout rates). These comments speak to the health problems in their community and their commitment to see a change for future generation(s).

STRATEGIC PRIORITY ISSUES

OCHD’s initial local issues of concern were not only chosen based on information gathered during the community health and local capacity assessments but also with consideration of national and state goals. OCHD’s initial issues of concern are aligned with Colorado’s 10 Winnable Battles, which are key public health and environmental issues where it is expected progress can be made over the next several years. OCHD selected its top priority issue “Obesity” because it provided the greatest opportunity for ensuring the health of all residents.

CONCLUSION

Everyone knows that reports alone are not enough. They are only snapshots to highlight our community priorities for the future. Where we live and work is a critical factor that determines whether we end up healthy or not. When people do not have access to a healthy environment or opportunities to make healthy choices, it undermines their health and lowers their quality of life. Many residents in Crowley and Otero counties are struggling to be healthy because of the economy and lack of adequate healthcare. Implementing our local community health improvement plan will make it possible for us to promote good health and quality of life.

KEY FINDINGS

OCHD staff utilized a comparison matrix developed by the Colorado School of Public Health and piloted in Pueblo County in 2011. The matrix was later used in Eagle, Jefferson and other counties in 2012. The first matrix worksheet (see appendix A) combines the results from the community survey distributed to Crowley and Otero stakeholders in 2012/ 2013, the Colorado Winnable Battles, and the public health indicators collected for Crowley and Otero counties.

The second matrix worksheet (see appendix B) ranks secondary data (or public health indicators) collected for Crowley and Otero counties in late 2012 and early 2013. Since this data is not ranked, the indicators are measured through four comparisons:

- **OCHD County data compared to Colorado State average data:** a 5 point scale is used, where 1 is data that demonstrates worse health conditions than the state; 3 is data that is relatively equal to state data; and 5 is data that demonstrates better health conditions than the state. In all instances, the OCHD staff attempted to use confidence intervals (CIs) as cutoffs for whether the health indicator(s) ranked better or worse than State data.
- **Magnitude of the problem:** Within Crowley and Otero counties, the health indicator is ranked based on the overall magnitude of the health concern/problem, i.e. how many people are impacted. Using a 5 point scale, 1 is counted as a health concern where everyone is impacted; 3 is counted as a health concern that impacts specific groups more than others; and 5 is counted as a health concern where no one is impacted.
- **Severity of the problem/condition:** Within Crowley and Otero counties, the health indicator is ranked based on severity of the condition, i.e. does it cause death or morbidity or little impact. Using a 5 point scale, 1 is counted as a health concern that can lead to death or severe morbidity; 3 is counted as a health concern that can lead to other potentially harmful behaviors; and 5 is counted as a health concern that does not impact health negatively.
- **Feasibility/practicality of working on the problem/condition:** Within Crowley and Otero counties, the health indicator is ranked on whether or not working on the condition is feasible or practical, i.e. does political will and community interest exist, are existing strategies available, and are resources available to resolve or tackle the issue. Using a 5 point scale, 1 is counted as a health concern that can be dealt with (feasibly and practically); 3 is counted as a health concern where a few barriers exist and lack of full political will; and 5 is counted as a health concern where there is little feasibility or practicality to address the issue.

Both matrix worksheets were completed by OCHD staff and reviewed by Ann Hill, PhD student at the University Colorado of Denver, and Holly Wolf, Assistant Professor with the University Colorado at Denver. While there may be some concern related to subjectivity of how the health indicators were ranked, the results matched findings from the community health and capacity assessment. Therefore, the OCHD staff felt that the matrix comparison was the most objective way to determine the top five priorities for Crowley and Otero counties. (Of note, when ranking the health indicators, half point scores, such as 1.5 or 4.5, were allowable. In addition, some rankings included ranks of 2 or 4 based on the judgment of the OCHD staff.)

Based on the matrix comparison, the top health concerns for Crowley and Otero counties in 2013 are broken into two categories: those that include the health indicators versus health concerns that exclude the health indicators. Some of the same health concerns end up in both lists.

Top Health Concerns including Quantitative Comparison for Prioritization

- 1) Overweight/obese Adults
- 2) Diabetes
- 3) Heart Disease
- 4) Suicide Hospitalizations
- 5) Tobacco Use

Top Health Concerns excluding Quantitative Comparison for Prioritization

- 1) Teen birth rates / teen pregnancy
- 2.) No health Insurance
- 3.) Obesity
- 4.) Diabetes
- 5.) Cancer

After reviewing the two lists, OCHD staff opted to combine overlapping health concerns, such as obesity, cardiovascular disease, and physical activity.

The final list included the following health concerns for Crowley and Otero counties:

- Overweight/obese Adults
- Diabetes
- Heart disease

Limitations

Although this assessment reflects the most recent and best available health information for Crowley and Otero counties, there are important limitations to note.

- Lack of data for Crowley County
- There can be a long lag time between data reporting and availability (timeliness of data)
- Small numbers can make comparisons difficult
- There is inadequate data for some topic areas

Appendix A - Community Assessment Results							
Indicators:	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion	Total	Winnable Battles
Accessibility and Affordability of Health Care:							
Availability of Medical Providers or services	35.8% (72)	0.0% (0)	0.0% (0)	56.2% (113)	8.0% (16)	201	
Access to Insurance	4.3% (9)	8.2% (17)	24.0% (50)	54.3% (113)	9.1% (19)	208	
Aging Population - Not being able to access in-home care for an adult aged 65 or older	61.8% (123)	8.0% (16)	7.0% (14)	6.0% (12)	17.1% (34)	199	
Medical Consideration:							
Diabetes	3.4% (7)	10.1% (21)	35.7% (74)	44.0% (91)	6.8% (14)	207	
Cancer	3.9% (8)	12.6% (26)	33.3% (69)	41.5% (86)	8.7% (18)	207	
Dental/Oral Health	66.1% (127)	7.8% (15)	11.5% (22)	12.0% (23)	2.6% (5)	192	Yes
Teen birth rates / teen pregnancy	3.8% (8)	4.3% (9)	17.2% (36)	71.3% (149)	3.3% (7)	209	Yes
Sexually transmitted diseases (Education and testing services)	11.1% (23)	13.0% (27)	28.8% (60)	32.2% (67)	14.9% (31)	208	
Healthy Eating :							
People making unhealthy food choices	7.7% (16)	9.6% (20)	21.1% (44)	56.0% (117)	5.7% (12)	209	
Active Living:							
Availability of exercise /fitness programs	10.0% (20)	24.0% (48)	39.0% (78)	22.5% (45)	4.5% (9)	200	
Limited Activities - Lack of activities for school-aged children and teens	46.5% (92)	12.1% (24)	16.2% (32)	16.2% (32)	9.1% (18)	198	
Substance Abuse:							
Youth alcohol use	2.4% (5)	7.3% (15)	30.7% (63)	55.6% (114)	3.9% (8)	205	Yes
Youth drug use	1.9% (4)	5.8% (12)	31.6% (65)	56.8% (117)	3.9% (8)	206	Yes
Youth smoking / tobacco use	2.0% (4)	6.3% (13)	31.7% (65)	55.6% (114)	4.4% (9)	205	Yes
Adult (18-64) substance abuse (alcohol, prescription or non-prescription drugs)	3.4% (7)	5.3% (12)	26.2% (54)	57.3% (118)	7.8% (16)	206	Yes
Prescription drug abuse (regardless of age)	3.4% (7)	5.9% (12)	27.0% (55)	51.0% (104)	12.7% (26)	204	Yes
Adult smoking / tobacco use	3.9% (8)	7.8% (16)	31.9% (65)	52.0% (106)	4.4% (9)	204	Yes

Appendix A - Community Assessment Results (cont.)							
Indicators:	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion	Total	Winnable Battles
<u>Mental Health:</u>							
Issues of Depression, anxiety, grief, stress, bipolar	4.8% (10)	12.0% (25)	33.2% (69)	39.9% (83)	10.1% (21)	208	Yes
Suicide deaths	11.3% (23)	27.9% (57)	24.5% (50)	17.2% (35)	19.1% (39)	204	Yes
<u>Obesity:</u>							
Obesity (all ages)	4.8% (10)	6.8% (14)	27.1% (56)	58.5% (121)	2.9% (6)	207	Yes
Adults being overweight or obese in your household	54.6% (107)	21.9% (43)	12.2% (24)	8.2% (16)	3.1% (6)	196	Yes
<u>Transportation:</u>							
for a person with a physical disability or someone aged 65 or older	68.2% (135)	4.0% (8)	5.1% (10)	9.1% (18)	13.6% (27)	198	
transportation to get to a job or appointment on time	65.3% (130)	5.5% (11)	6.5% (13)	12.1% (24)	10.6% (21)	199	
<u>Social Factors - Economic:</u>							
Housing - Not enough money to pay for housing	76.4% (149)	8.2% (16)	6.2% (12)	8.2% (16)	1.0% (2)	195	
Childcare - Not being able to find or afford childcare for a child aged 0-5	60.4% (119)	9.1% (18)	5.1% (10)	11.7% (23)	13.7% (27)	197	
<u>Compared to one year ago:</u>	BETTER	WORSE	NO CHANGE				
The local economy is:	7.6% (15)	59.6% (118)	32.8% (65)			198	
My employment is:	25.4% (50)	11.7% (23)	62.9% (124)			197	
My financial situation is:	29.6% (59)	25.6% (51)	44.7% (89)			199	
<u>Social Factors - Other(s):</u>		Yes, I think there is a problem	No, I have no concerns				
Injury Prevention - Safety (accidents, injury, violence)	36.9% (73)	48.0% (94)	15.2% (30)				Yes
Education - Low education levels	2.5% (5)	13.0% (26)	38.5% (77)	42.5% (85)	3.5% (7)	200	
<u>Environmental:</u>							
Clean Air - Air pollution	14.5% (28)	34.7% (67)	22.3% (43)	15.5% (30)	13.0% (25)	193	Yes
Clean Water - Water pollution	11.2% (22)	31.5% (62)	22.8% (45)	16.2% (32)	18.3% (36)	197	Yes
Radon - presence of radon	11.6% (23)	26.6% (53)	15.6% (31)	7.5% (15)	38.7% (77)	199	

Appendix B - Quantitative Comparison												
Local Versus State Comparison:		5 point scale, where 1 is worse than the state, 3 is equal to the state, and 5 is better that the state (recommended setting cutoffs, such as using CIS to determine significance)										
Magnatude of the Problem:		5 point scale, where 1 is everyone is impacted, 3 is specific groups are impacted more than others, and 5 is no one is impacted.										
Severity of the Condition:		5 point scale, where 1 is the condition can lead to death or severe morbidity, 3 is disease/condition leads to other potentially harmful behaviors, 5 is the condition does not impact health negatively.										
Feasibiltiy / practicality:		5 point scale, where 1 is that the issue/ condition can be dealt with (feasibly and practically), 3 is that there are barriers and some political will to work on the issue, 5 is that there is little feacibility or practicality to adress the issue.										
Indicator	Otero Data	Crowley Data	Region 6	State Comparison	Rating	Magnitude of the Problem	Rating	Severity of Conditions	Rating	Feasibility/ practicality	Rating	Total
Unemployment	9.1	9.4	6.89	8.3	1	Everyone	1	Lead to harmful behaviors	3	Very difficult	5	10
Median Household Income	30,420	30,279	0	55,530	1	Females earn less, lack of education, and job opportunity	1	Contributes	1	Very difficult	5	8
Poverty	23.9	48.1	23.4	13.4	1	Everyone, lack of education, and jobs	1	Severely contributes	1	Very difficult	5	8
Free and Reduced Lunch Eligibility	68.06	72.23	61.95	41.18	1	Low SES	3	Severely contributes	4	Very difficult	5	13
Radon	74	0	1152	71299	1	Older homes, low education, Low SES	3	Severely contributes	1	Very difficult	5	10
Access to Fast Food	6.37	0	6.42	7.26	2.5	Low SES	3	Somewhat contributes	3	Very difficult	5	13.5
Alcohol Use (Binge)	9	0	10.63	15.89	5	Youth, male more than female, long term	3	Leads to harmful behaviour	1	Potentially Feasible	1	10
Tobacco Use	17.2	0	21.46	16.89	3	Youth, male more than female, long term	3	Leads to harmful behaviour	1	Potentially Feasible	1	8
Overweight/Obese Adults	73.47	0	65.89	56.24	1	All households, lack of resources & education, Low SES, living in poverty	1	Severely contributes	1	Potentially Feasible	1	4
Overweight Youth	0	0	28.71	25.83	2	All households, lack of resources & education, Low SES, living in poverty	1	Severely contributes	1	Very difficult	5	9
Obese Youth	0	0	17.07	13.85	5	All households, lack of resources & education, Low SES, living in poverty	1	Severely contributes	1	Very difficult	5	12
Rank:												
4 to 6		High Priority										
7 to 10		Medium Priority										
11 to 14		Low Priority										

Appendix B - Quantitative Comparison (cont.)

Local Versus State Comparison:	5 point scale, where 1 is worse than the state, 3 is equal to the state, and 5 is better than the state (recommended setting cutoffs, such as using CIS to determine significance)
Magnitude of the Problem:	5 point scale, where 1 is everyone is impacted, 3 is specific groups are impacted more than others, and 5 is no one is impacted.
Severity of the Condition:	5 point scale, where 1 is the condition can lead to death or severe morbidity, 3 is disease/condition leads to other potentially harmful behaviors, 5 is the condition does not impact health negatively.
Feasibility / practicality:	5 point scale, where 1 is that the issue/ condition can be dealt with (feasibly and practically), 3 is that there are barriers and some political will to work on the issue, 5 is that there is little feasibility or practicality to address the issue.

Indicator	Otero Data	Crowley Data	Region 6	State Comparison	Rating	Magnitude of the Problem	Rating	Severity of Conditions	Rating	Feasibility/ practicality	Rating	Total
Fruit and Veggie Consumption	98.3	0	94.69	95.71	3	All households, lack of resources & education, Low SES, living in poverty	1	Severely contributes	3	Potentially Feasible	2	9
Low Birth Weight	10.35	11.01	10.48	8.75	2.5	Lower ses, lower education, drug use, tobacco consumption, poverty	3	Lead to harmful behavior	3	Potentially Feasible	3	11.5
Unintended Pregnancy	26.07	38.42	31.53	17.16	1	Low SES & hispanic teens	3	Lead to harmful behaviors for mother and child	4	Very difficult	5	13
Suicide Hospitalizations	99.37	16.26	70.21	57.62	1	Low SES, low education, poverty	3	Severely contributes	1	Potentially Feasible	2	7
Diabetes	12.4	0	10.52	5.93	1	All population, living population, hispanic and minority, lower education, lack of care	1.5	Severely contributes	1	Feasible	1	4.5
caries experience - children	0	0	13.04	8.39	2	Lower income, no insurance, lack of dentists	3	Lead to harmful behaviors	3	Potentially Feasible	1	9
Fair or Poor Health	21.6	0	22.03	12.5	1	Increases with age, Low SES, low income, lower education	3	Severely contributes	3	Very difficult	5	12
Poor mental health days	4.71	0	4.47	3.59	2	Increases with age, Low SES, low income, lower education	3	Contributes	3	Very difficult	5	13
Mental health hospitalizations	4672.34	3252.69	3481.55	2912.17	1	Increases with age, Low SES, low income, lower education	3	Contributes	1	Potentially	3	8
Heart Disease	3548.95	2714.95	3053.41	2202.36	1	Uneducated, lack of health care, obesity,	3	Severely contributes	1	Feasible	1	6

Rank:	
4 to 6	High Priority
7 to 10	Medium Priority
11 to 14	Low Priority

WINNABLE BATTLES

National

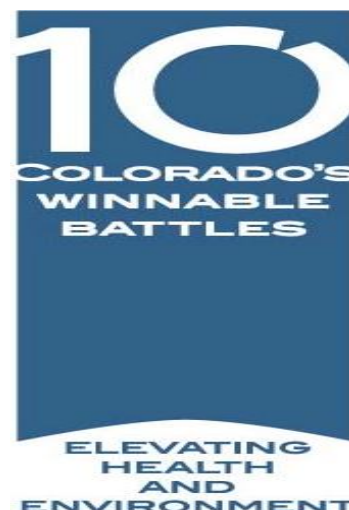
The Center for Disease Control and Prevention (CDC) developed a list of six “Winnable Battles” that describes public health priorities where local, state and federal agencies and partners can make significant progress in a relatively short timeframe. Each identified area is a leading cause of illness, injury, disability or death and/or represents enormous societal costs. In addition, evidence-based, scalable interventions already exist and can be broadly implemented to change the course of these public health concerns. The following have been identified as the Winnable Battles.

Colorado

Colorado’s winnable battles align with CDC’s Winnable Battles and local priorities and are Colorado’s greatest opportunities for ensuring the health of the state’s citizens and visitors. Based on data, the following 10 areas are key public health or environmental issues where progress can be made in the next three years.

Local

The chart below identifies the many areas of overlap between local, state, and national public health issues.



For more information on the CDC and Colorado’s Winnable Battles, see the following websites:

www.cdc.gov/WinnableBattles/index.html

www.cdphe.state.co.us/hs/winnable.html

CDC – National Winnable Battles	CO – State Winnable Battles	OCHD – Local Winnable Battles
▪ Food Safety	▪ Clean Air	▪ Teen birth rates / teen pregnancy
▪ Global Immunization	▪ Clean Water	▪ No health Insurance
▪ Healthcare-associated infections	▪ Infectious Disease Prevention	▪ Obesity **
▪ HIV in the U.S.	▪ Injury Prevention	▪ Diabetes
▪ Lymphatic Filariasis in the Americas (vector is the mosquito)	▪ Mental Health and Substance Abuse	▪ Cancer
▪ Motor Vehicle Injuries	▪ Obesity	
▪ Nutrition, Physical Activity and Obesity	▪ Oral Health	
▪ Mother-to-child Transmission of HIV/AIDS Globally	▪ Safe Food	
▪ Teen Pregnancy	▪ Tobacco	
▪ Tobacco	▪ Unintended Pregnancy	** indicates priority focus areas

DATA SOURCES & REFERENCES

Community Description

1. Colorado Demography Office. Colorado Census Data, www.dola.state.co.us/Demog/age_colo.html
2. U.S. Census Bureau. Age Groups and Sex, www.factfinder2.census.gov/faces/tableservices
3. U.S. Census Bureau. Race and Hispanic or Latino Origin, www.factfinder2.census.gov/faces/tableservices
4. Kids Count Data Center, <http://datacenter.kidscount.org>
5. Centers for Disease Control Prevention (CDC), www.cdc.gov/nceh/information/built_environment.html
6. CSINFO, www.csinfo.info/index.php?option=com_content&view=category&id=50&layout=blog&Itemid=69
7. Research and Development, www.rand.org/pubs/research_briefs/RB9074/index1.html
8. http://articles.latimes.com/1995-05-01/local/me-60946_1_liquor-outlet
9. CHAPS, <http://www.chd.dphe.state.co.us/CHAPS/default.aspx>
10. Centers for Disease Control Prevention (CD), www.cdc.gov/violenceprevention/pdf/history_violence-a.pdf
11. Colorado Bureau of Investigation, www.cbi.state.co.us
12. Environmental quality, http://en.wikipedia.org/wiki/Environmental_quality/html
13. City-data.com, www.city-data.com/county/Crowley_county-CO.html
14. City-data.com, www.city-data.com/county/Otero_county-CO.html
15. CDPHE – Lead Paint, <http://www.colorado.gov/cs/Satellite/CDPHE-AP/CBON/1251594781290>
16. Colorado Radon, <http://co-radon.info/>
17. Colorado radon – County stats, <http://county-radon.info/CO/Crowley.html>
18. EPA, <http://www.epa.gov/air/particlepollution/>
19. Wikipedia, http://en.wikipedia.org/wiki/Colorado_locations_by_per_capita_income

Health Behaviors and Conditions

20. Medical Dictionary, <http://medical-dictionary.thefreedictionary.com/health+behavior>
21. National Health and Medical Research Council, <http://www.nhmrc.gov.au/your-health/nutrition>
22. Colorado Health Indicators, www.chd.dphe.state.co.us/HealthIndicators/indicators.aspx?
23. Medical Dictionary, <http://medical-dictionary.thefreedictionary.com/Obesity+++A+Growing+Health+Problem>
24. Tobacco-Free Kids, http://www.tobaccofreekids.org/facts_issues/tobacco_101/
25. Tobacco Exposure, <http://www.chd.dphe.state.co.us/HealthIndicators/indicators.aspx?>
26. Physical activity, http://en.wikipedia.org/wiki/Physical_activity
27. Physical activity, www.chd.dphe.state.co.us/HealthIndicators/indicators.aspx?
28. Centers for Disease Control and Prevention, http://www.cdc.gov/Motorvehiclesafety/Teen_Drivers/index.html
29. Colorado FARS Occupants Fatalities, http://www.rmii.org/auto/teens/Teen_Driving_Statistics.asp#Colorado
30. Maternal and Child Health Issue Brief #1, <http://www.colorado.gov>
31. Health Statistics, <http://www.chd.dphe.state.co.us/Resources/cms/ps/mch/mchadmin/mchdatasets2011/profiles/>
32. CDPHE-Health Statistics, <http://www.chd.dphe.state.co.us/cohid/birthdata.html>
33. Health People 2020, <http://healthypeople.gov/2020/LHI/micHealth.aspx>
34. CDC, <http://www.cdc.gov/mentalhealth/basics.html>
35. CDC, <http://www.cdc.gov/violenceprevention/suicide/definitions.html>

36. CDPHE-Health Statistics, <http://www.chd.dphe.state.co.us/Resources/pubs/suicidefactweb.pdf>
37. National Institute of Drug abuse, <http://archives.drugabuse.gov/about/welcome/aboutdrugabuse/magnitude/>
38. Healthy People 2020, <http://www.healthypeople.gov/2020/LHI/substanceAbuse.aspx>
39. Healthy People 2020, Substance Abuse, www.healthypeople.gov/2020/topicsobjectives2020
40. CDC, <http://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm>

Healthcare Access, Use and Quality

41. CDC, <http://www.cdc.gov/hrqol/concept.html>
42. Colorado Health Indicators, www.chd.dphe.state.co.us/HealthIndicators/indicators.aspx?
43. CDPHE Colorado's 10 Winnable Battles, <http://www.colorado.gov/>
44. Community Profile, <http://coloradohealthstory.org/wp-content/uploads/2011/09/Community-Profile-Otero.pdf>
45. Colorado Health institute, <http://www.coloradohealthinstitute.org/data-repository/county-details/otero>
46. Colorado Health institute, <http://www.coloradohealthinstitute.org/data-repository/county-details/crowley>
47. Colorado Health institute, <http://www.coloradohealthinstitute.org/key-issues/category/health-care-workforce>

Population Health Outcomes

48. CDC, <http://www.cdc.gov/asthma/faqs.htm>
49. Colorado Health Indicators, www.chd.dphe.state.co.us/HealthIndicators/indicators.aspx?
50. American Diabetes Association, www.diabetes.org/in-my-community/local-offices/denver-colorado/
51. Colorado Health Indicators, www.chd.dphe.state.co.us/HealthIndicators/indicators.aspx?
52. Medical News, www.medicalnewstoday.com/articles/8856.php
53. Tuberculosis Surveillance Report, www.colorado.gov/cs/Satellite?blobcol=Summary+of+Cases+Reported
54. CDPHE Public Health Tracking, www.coepht.dphe.state.co.us/Health/heartAttacks.aspx
55. American Cancer Society, www.cancer.org/cancer/cancerbasics/what-is-cancer
56. Colorado Health Indicators, www.chd.dphe.state.co.us/HealthIndicators/indicators.aspx?
57. CDC, www.cdc.gov/std/chlamydia/STDFact-Chlamydia.htm
58. Colorado Health Indicators, www.chd.dphe.state.co.us/HealthIndicators/indicators.aspx?
59. Colorado Health Indicators, www.chd.dphe.state.co.us/HealthIndicators/indicators.aspx?
60. CDC, www.cdc.gov/Features/dsFoodborneOutbreaks/
61. en.wikipedia.org/wiki/Mortality_rate
62. http://en.wikipedia.org/wiki/Infant_mortality#Infant_mortality_rate
63. CDPHE, www.healthy-baby.org/stats/regionalProfilesMap/county_final/otero.pdf
64. CDPHE/Health Statistics Section/Vital Statistics Unit/ Regional Health Profile
65. www.coloradodot.info/.../colorado.../Injury_MV%20Winnable%20Facts
66. MADD, www.madd.org/statistics/#sthash.yEhjWrcP.dpuf
67. http://en.wikipedia.org/wiki/Years_of_potential_life_lost
68. Robert Wood Johnson Foundation, www.countyhealthrankings.org/app/colorado/2013/otero/county/
69. CDPHE, www.chd.dphe.state.co.us/resources/briefs/lifeexpectancy.pdf
70. Life expectancy, <http://www.worldlifeexpectancy.com/usa/colorado-life-expectancy-by-county-female>
71. 2013 Rural Health, <http://www.coruralhealth.org/programs/roap/documents/2013SnapshotofRuralHealth.pdf>

CAPACITY ESTIMATION

In accordance with the Colorado Public Health Act (Senate Bill 08-194), Otero County Health Department (OCHD) will complete the construction of a Public Health Improvement Plan (PHIP) in 2013. As recommended by the Office of Planning and Partnerships at the Colorado Department of Public Health and Environment (CDPHE) and planning partners, the process to build the PHIP involves the following six phases:

- I. Plan the process
- II. Engage stakeholders
- III. Assess community health
- IV. Assess system capacity
- V. Prioritize issues
- VI. Create a local health plan

To support phase IV: Assess system capacity, the following brief report estimates OCHD and partners' system capacity to deliver the Core Public Health Services (Code of Colorado Regulation: 6 CCR 1014-7). Estimates described here were created by summarizing the 2012 Annual Report Survey. This survey was designed through collaboration between CDPHE's Office of Planning and Partnerships and the Colorado Association of Local Public Health Officials (CALPHO) and completed in early 2013 by OCHD.

The report is organized by categories within Colorado's Core Public Health Services Rule. In each short section, the category is described and then description is presented regarding the delivery of the service and potential strengths and challenges for Otero County Health Department are noted. The final section describes the relative strengths and challenges for the delivery of all Core Services in Otero and Crowley Counties.

Administration and Governance

The Core Service of Administration and Governance is to establish and maintain the necessary programs, personnel, facilities, information technology, and other resources to deliver public health services throughout the agency's jurisdiction. This may be done in collaboration with community and regional partners.

Otero County Health Department (OCHD) provides public health and environmental health services for Otero and Crowley Counties from three offices located in the towns of La Junta, Rocky Ford, and Ordway. There are approximately 19 Full Time Equivalent (FTE) staff positions. About 2 of the FTEs are administrative positions at OCHD and the other staff provide public health and environmental services. The Board of Health is comprised of 5 community representatives with expertise in dentistry, law, human, and animal medicine.

Recently, OCHD has partnered to provide and obtain new services and programs. Partnerships between OCHD, Bent, Baca, Prowers, Kiowa, Cheyenne, Las Animas, and Huerfano Counties allow OCHD to provide programs aiming to decrease cardiovascular disease and tobacco use. Additional collaboration with Prowers and Pueblo Counties allows OCHD to receive services from health care providers, including Nurse-Family partnership services.

Assessment, Planning, and Communication

The core service of Assessment and Planning is to use assessment and planning methodologies to identify, evaluate and understand community health problems, priority populations, and potential threats to the public's health and use this knowledge to determine what strategies are needed to engage partners and improve health.

Overall, there is a moderate capacity to implement Assessment and Planning at OCHD. This moderate ranking includes the ability to fund such efforts, reach the majority of the population, measure outcomes, connect with other system partners, and receive support from elected officials. All program directors and Special Projects Coordinator contribute to these efforts (approximately 4.5 FTE). Since the most recent community health assessment was completed more than 5 years ago, OCHD is currently undergoing a new assessment and expects it to be completed in 2013. Using data provided by CDPHE and analysis conducted by OCHD staff, the community health assessment and public health improvement plan will be disseminated beginning in 2014.

Vital Records and Statistics

The core service of Vital Records and Statistics is to record and report vital events (e.g., births and deaths) in compliance with Colorado statutes, Board of Health Regulations, and Office of the State Registrar of Vital Statistics policies.

There is a high level of capacity to implement Vital Records at OCHD. There is stable funding, staffing, and facilities, current use of electronic systems, current knowledge of best practices in this area, and this service is supported by elected officials. There is 1 FTE dedicated to this service and the Deputy Registrar is very knowledge and capable.

Communicable Disease Prevention, Investigation and Control

The core service of Investigate and Control Communicable Diseases is to track the incidence and distribution of disease in the population and prevent and control vaccine-preventable diseases, zoonotic, vector, air-borne, water-borne and food-borne illnesses, and other diseases that are transmitted person-to-person.

There are 3.5 FTE (shared among 8 persons) dedicated to providing communicable disease prevention, investigation, and control. The following sections describe the processes OCHD uses and the capacity to achieve deliver these Core Services:

- **Collect and report disease information and investigate cases of reportable diseases:** OCHD works with regional EPR funded staff to monitor CEDRS, tabulate data, assess trends, and receive reportable disease/condition reports. The local hospital's Infection Control Practitioner (ICP) also works with OCHD to monitor and contribute to the Colorado Electronic Disease Reporting System (CEDRS). When investigation of cases is needed or outbreaks occur, OCHD, the regional Emergency Preparedness and Response staff, and CDPHE all work together. Overall, there is a moderate capacity to fulfill this Core Service area.
- **Assure immunizations:** OCHD is the primary provider of services, outreach, and education related to immunization activity within the jurisdiction. Services are provided for infants, children, adolescents and adults. Overall, there is a moderate capacity to fulfill this Core Service area.

- **Prevent disease transmission:** OCHD engages in surveillance, screening, case investigation, contract notification, treatment referral and follow up for cases of tuberculosis. For cases of HIV disease, CDPHE conducts these activities. OCHD provides services for TB treatment, but does not provide STI treatment as these services are provided by CDPHE and other primary care providers. Overall, there is a moderate capacity to fulfill this Core Service area.
- **Provide education:** OCHD develops and disseminates educational materials, implements educational programs, and implements community development activities (such as coalitions). Educational policies and initiatives that prevent communicable disease transmission are also created in collaboration with the local hospital. Topics of education include influenza, sexually transmitted infections, TB, Pertussis, and overall there is a moderate capacity to provide education and programs regarding communicable disease transmission. Developing culturally and linguistically tailored educational programs and materials to provide education for diverse populations is recommended to increase accessibility and improve health equity. OCHD currently has adequate staff and materials to address the needs of the Spanish speaking population.

Prevention and Population Health Promotion

*The core service of **Prevention and Population Health Promotion** is to develop, implement, and evaluate strategies (policies and programs) to enhance and promote healthy living, quality of life and wellbeing while reducing the incidence of preventable (chronic and communicable) diseases, injuries, disabilities and other poor health outcomes across the life-span.*

Assuring the Core Service of Prevention and Population Health Promotion is a large objective. As such this area represents about 45% of the total budget, supports 7.5 FTE, and includes many activities. Below is a short description of each area and the table below provides a listing of education, screening, and preventative services that OCHD provides.

- **Assure chronic disease prevention programs and education:** Overall, there is a moderate capacity to provide chronic disease prevention programs and education. OCHD works with the CSU Extension Office and the Southeast Mental Health Services to provide physical activity, nutrition, and mental health, education and services to the community.

Chronic Disease Education, Screening, and Services Provided by OCHD

Education	Screening	Services
Tobacco	High Blood Pressure	Chronic Disease Self-Management
Nutrition	Heart Disease and Stroke	Senior Health Services
Physical Activity	Cardiovascular Disease	Children with Special Healthcare Needs
Prenatal Health	TB	WIC/Nutrition Services
Unintended Pregnancy		Healthy Communities
Oral Health		Nurse Home Visitor Programs
Cardiovascular Disease		Family Planning Services
TB		Cavity Free at 3

The top cause of morbidity and mortality in Otero and Crowley Counties is cardiovascular disease. Importantly, there is a recent addition of a patient navigator to address this important chronic disease issue in Otero and Crowley Counties.

- **Assure maternal and child health prevention programs and education:** OCHD works with primary care providers and local dentists to provide education, programming, and services for prenatal care, family planning, unintended pregnancy prevention, and oral health education and services. Overall, there is a moderate capacity to assure maternal and child health education, programs, and services. OCHD has implemented the ABCD Project, which is an MCH funded program that identifies developmental delays in infants and children. The goal of this program is early detection of developmental problems.
- **Assure injury prevention programs and education:** Injury prevention includes injuries occurring from motor vehicles, falls, recreation, occupation, alcohol-related, fire-related, violence, domestic abuse and others. Currently, there is minimal capacity to address injury prevention and there is a need for increased capacity in this area.

Environmental Health

*The core service of **Environmental Health** is to protect and improve air, water, land, and food quality by identifying, investigating, and responding to community environmental health concerns, reducing current and emerging environmental health risks, preventing communicable diseases, and sustaining the environment. These activities shall be consistent with applicable laws and regulations, and coordinated with local, state and federal agencies, industry, and the public.*

Many environmental health activities are provided by OCHD. A total of 1.75 FTE are dedicated to environmental health activities. Overall, there is a moderate capacity to fulfil these Core Services:

- **Assure sanitation of institutional facilities:** There is a moderate level of capacity to assure sanitation of childcare facilities, spas, and swimming pool.
- **Assure safety of food:** OCHD engages in food inspections, permitting, monitoring, outbreak investigation, complaint response, and lack of compliance actions at retail food locations and special events. OCHD, in collaboration with the CSU Extension Office, provides food handler training, education, and outreach. There is a moderate capacity to provide these services.
- **Capacity to prevent zoonotic and vector-borne hazards:** OCHD works with CDPHE to address zoonotic diseases, vector diseases, and rabies. There is a moderate capacity to investigate complaint, handle specimens, conduct disease investigations and provide outreach and education.
- **Capacity to prevent and control air-borne hazards:** Smoke-free ordinances and air complaints are investigated and addressed by OCHD. Regular radon inspections are not conducted. Overall there is a moderate capacity to prevent and control air-borne hazards.
- **Capacity to prevent and control water-borne hazards:** On-site waste water monitoring, permitting, licensing, outreach and education is all completed by OCHD. Bio-solids and septage land applications are not completed in the jurisdiction. Overall, there is a moderate capacity to prevent and control water-borne hazards.

- **Capacity to participate in land use planning and sustainable development:** OCHD engages in community planning and water/wastewater utility service planning. There is a moderate capacity to achieve these activities.
- **Capacity to minimize the amount of solid and hazardous waste and maximize the amount of recycling and reuse:** OCHD and other departments, including CDPHE, manage the solid waste landfill. Recycling is completed by local recyclers in the jurisdiction and these organizations also provide outreach and education.
- **Capacity to prevent and control other public health threats related to hazards:** Inspections, complaint investigation/response, compliance assistance and education are provided by OCHD for environmental contaminants (lead, mercury, and mold) and these services are also performed at body art facilities.

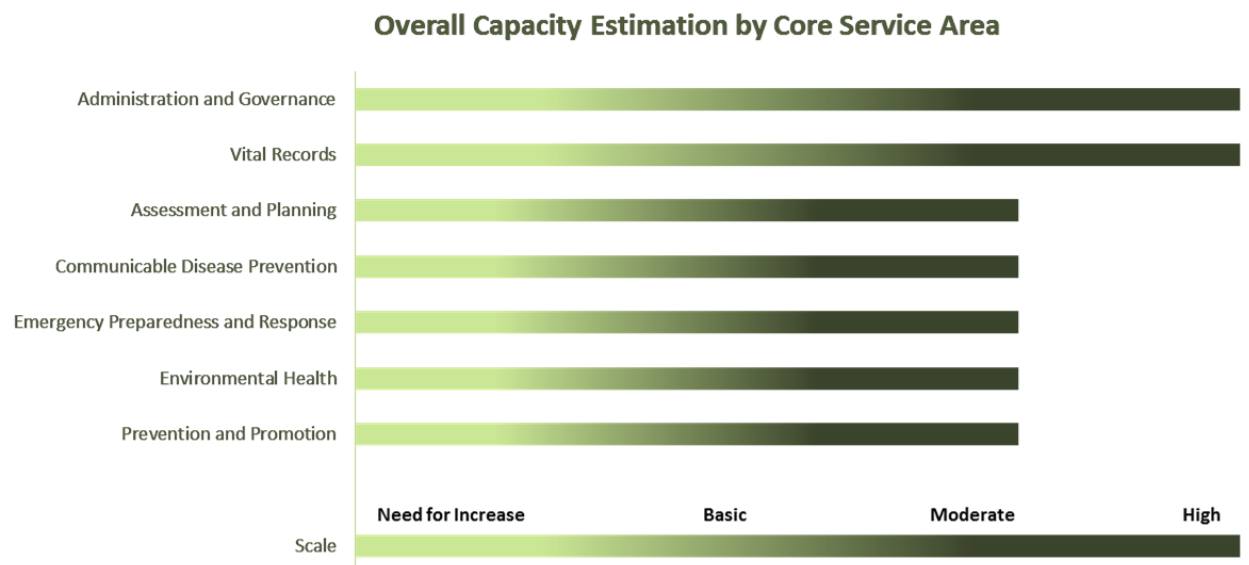
Emergency Preparedness and Response

*The core service of **Emergency Preparedness and Response** is to prepare and respond to emergencies with a public health or environmental health implication in coordination with local, state and federal agencies and public and private sector partners.*

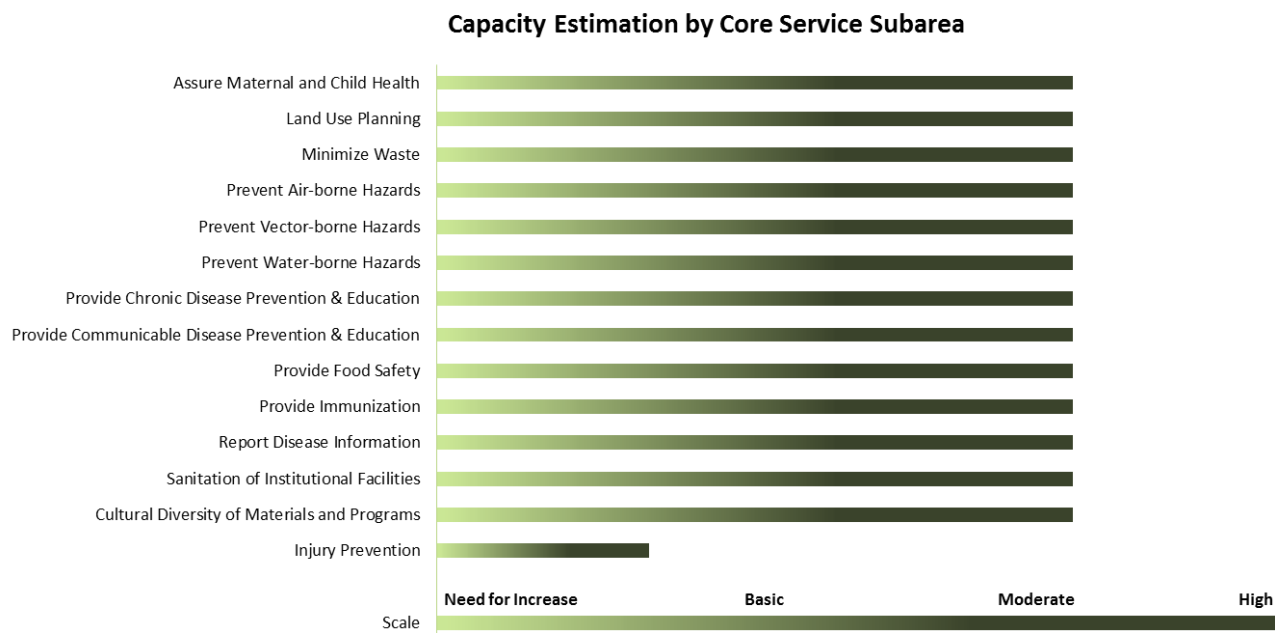
Generally, there is a moderate capacity within Emergency Preparedness and Response at OCHD. There are 2 FTE that focus efforts on this Core Service. There is stable funding, staffing, and facilities, current use of electronic systems, current knowledge of best practices in this area, and this service is supported by elected officials. The ability to fulfill this service is made possible through funding from state sources (federal pass-through).

Summary of Capacity Estimation

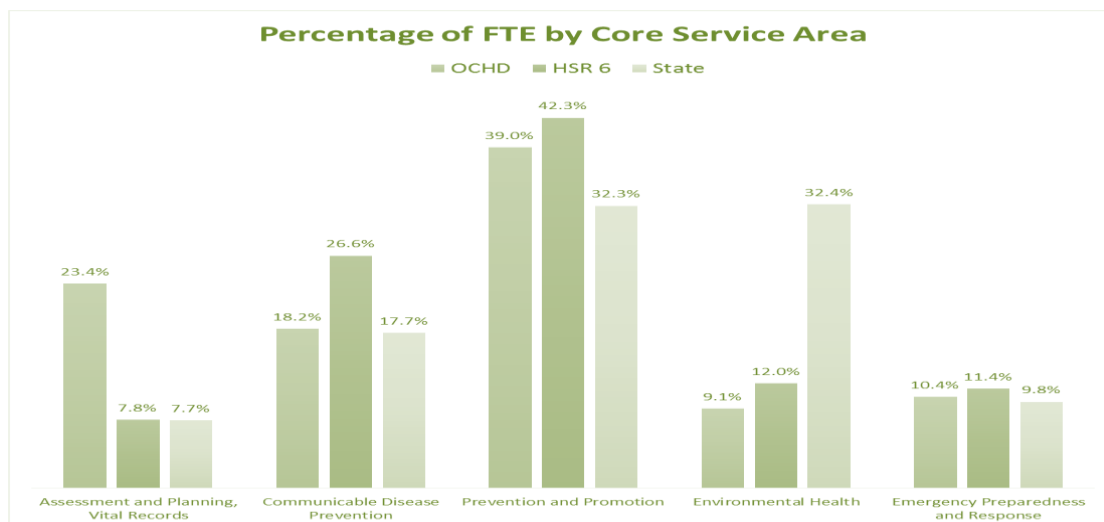
Overall, there is moderate capacity at Otero County Health Department to deliver the Core Services. Among the primary Core Service Areas, Administration & Governance, and Vital Records areas demonstrate the greatest capacity.



Within the subareas of Core Service areas, there is, on average, a moderate capacity. Injury prevention and related programs demonstrate the most limited capacity.



Exploring the distribution of FTE among Core Service Areas provides insight to proportional resource allocation. Compared to the region and state, OCHD has a larger proportion of FTE dedicated to Assessment and Planning, and Vital Records. The largest disparity is observed in the comparison of OCHD and the state allocation of FTE within the Environmental Health area. OCHD reports that 9.1% of FTE engages in work within this area, where, on average, the state reports 32.4% of FTE works within Environmental Health.



Note: FTE shown in the data above includes only those that reported their work falls directly within one of the core service areas. The grand total FTE employed by LPHA in Colorado is not represented within the data above.

Core Service Capacity Estimation - Summary Table

	Colorado's Public Health Core Services						
	Administration and Governance	Assessment, Planning, and Communication	Vital Records and Statistics	Communicable Disease Prevention, Investigation, and Control	Prevention and Population Health Promotion	Environmental Health	Emergency Preparedness and Response
	Offices located in the towns of La Junta, Rocky Ford, and Ordway. 5 member Board of Health.	Currently undergoing a community health assessment and public health improvement planning	Stable funding, staffing, and current use of electronic system	Collect and report disease information, investigate reportable disease, provide immunizations	Assure chronic disease prevention programs and education, assure maternal and child health programs	Assure sanitation, food safety, prevention of water- and air-borne hazards, participate in planning	Prepare and respond to emergencies with local, state and federal agencies and partners.
Personnel Resources	19 total FTE (2 admin FTE)	4.5 FTE	1 FTE	4.5 FTE	3.5 FTE	1.75 FTE	2 FTE
Important Partnerships	Baca, Bent, Prowers, Kiowa, Cheyenne, Las Animas, Huerfano, and Pueblo Counties	CDPHE		Local hospital CDPHE PCPs	CSU Extension Southeast Mental Health Services	Local Recyclers	CDPHE
Areas of Strength	County Partnerships	Public Health Improvement Planning Process	Staff	Collaboration and Partnerships	CVD Prevention Tobacco Control	Moderate capacity in all subareas	Stable funding
Areas of Challenge					Decreased HCP funding/staff, Injury Prevention	FTE	
Area Capacity Ranking	High	Moderate	High	Moderate	Moderate	Moderate	Moderate

IMPROVEMENT PLAN

INTRODUCTION

The challenge of preventing illness and improving health is ongoing and complex.

In 2008, the Colorado Public Health Act was signed into law, calling for major reforms to the state's governmental public health system. The purpose of the Act is to assure that core public health services are available to every person in Colorado, regardless of where they live, with a consistent standard of quality. Toward that end, the Act requires the use of assessments to determine both population health and system-wide capacity issues and to then develop five-year state and local public health improvement plans that engage communities in health improvement, increase the availability and quality of public health services, and ultimately improve health outcomes.

In response to the Act, the Office of Planning and Partnerships (the Office) was created at the Colorado Department of Public Health and Environment (CDPHE). The purpose of the Office is to coordinate the implementation of the Act, facilitate the development of a standard public health improvement planning system, provide technical assistance, and act as liaison between state and local public health agencies (LPHAs). The Office is guided by the Public Health Improvement Steering Committee, comprised of stakeholders with representation from around the state.

The Act requires that state and local public health improvement plans (PHIP) be developed based on a community health assessment and capacity assessment every five years... also requires that state and local public health improvement plans be in alignment with one another. Therefore, the current statewide public health improvement plan will inform development of the new local public health plans, which will then inform the development of the next statewide public health improvement plan within each five year planning cycle.

The public health plan (also called a public health improvement plan or a community health improvement plan) is a systematic road map that illustrates county or regional public health needs, describes priorities for health improvement, names the partners to be involved, documents the steps to get there, and provides a method for evaluating progress. The plan is for the entire community, including leaders, system partners, public health staff and boards of health.

How does environmental health fit? Within the Public Health Act, the field of environmental health is included under the broad definition of public health. Local public health agencies have specific duties with regard to environmental health, such as enforcing environmental laws, abating nuisances, conducting inspections, controlling hazards, carrying out programs that protect the environment, and coordinating with the environmental commissions at CDPHE. In addition, environmental health is defined in rule as a "core service" by the Colorado Board of Health, to be provided or assured by all local public health agencies. Therefore, environmental health service capacity, indicators, and resulting health outcomes should be documented during local assessment processes, and if determined to be a focus area for improvement, addressed in the public health plan.

The Act requires that the comprehensive statewide public health improvement plan is due every five years with local public health plans to follow. The first plan was completed in 2009, so it is recommended that all local plans be completed by 2013 to inform the next statewide plan in 2014. (CHAPS, April 2012)

Read the entire Colorado Health Assessment and Planning System (CHAPS) Guidebook at:
<http://www.cdphe.state.co.us/opp/CHAPS/Getting%20Started%20PDF%20April%202012.pdf>

PUBLIC HEALTH ACT AND CORE SERVICES

“SB 08-194, the Public Health Act authorizes the Office of Planning and Partnerships of Colorado Department of Public Health and environment to create a Statewide Public Health Improvement Plan, including core services and standards that will set priorities for the public health system in Colorado, and will provide the basis for local public health improvement plans.”

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Colorado State Board of Health

CORE PUBLIC HEALTH SERVICES

6 CCR 1014-7 Public health core services in Colorado shall include, but need not be limited to the following:

- A. Assessment, Planning, and Communication
- B. Vital Records and Statistics
- C. Communicable Disease Prevention, Investigation, and Control
- D. Prevention and Population Health Promotion
- E. Emergency Preparedness and Response
- F. Environmental Health
- G. Administration and Governance

Exemption from the Provision of Core Services:

When sufficient appropriations are absent, the local board shall set priorities for fulfilling the duties described in section 25-1-506(3), C.R.S., and include the list of priorities in its local public health plan submitted pursuant to section 25-1-505, C.R.S. The local board of health may choose to limit the scope of the core public health services provided that:

There is limited need for the core public health services in the community, or other providers provide this service sufficient to meet the local need.



The essential public health services provide a working definition of public health and a guiding framework for the responsibilities of local public health systems. These services are not additional requirements on local public health agencies. The 10 essential public health services are:

1. Monitor health status to identify and solve community health problems.
2. Investigate and diagnose health problems and health hazards in the community.
3. Inform, educate, and empower individuals about health issues.
4. Mobilize public and private collaboration and action to identify and solve health problems.
5. Develop policies, plans, and programs that support individual and community health efforts.
6. Enforce laws and regulations that protect health and promote safety.
7. Link people to needed personal health services and assure the provision of health care.
8. Encourage a competent public health workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Contribute to research into insightful and innovative solutions to health problems.

For details see: <http://www.cdphe.state.co.us/opp/publichealthact/Implementation/6CCR1014-7CorePublHealthServicesEFF11302011.pdf>

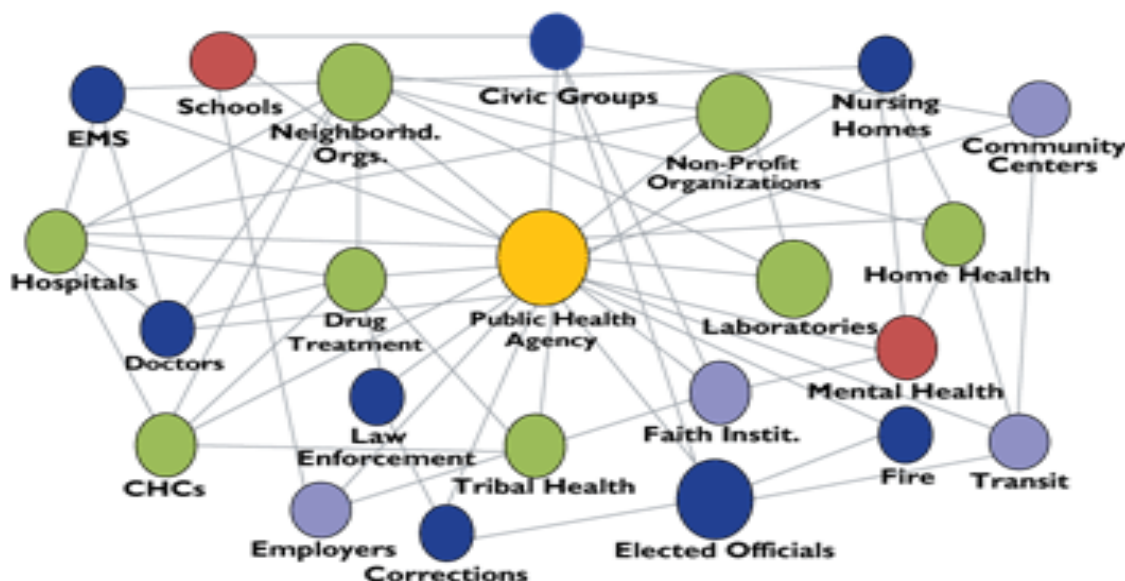


Figure 1: The Public Health System

CROWLEY AND OTERO:

Crowley and Otero Counties are located in Southeast Colorado in what is known locally as the “Arkansas (River) Valley” According to the Colorado State Demographer’s Office the 2011 estimated population of Crowley County is 5,801 and the 2011 estimated population of Otero County is 18,866, yielding a combined 2011 estimated population of 24,667. Counties that are adjacent to Crowley County are Otero, El Paso, Lincoln, Kiowa, and Pueblo. Counties that are adjacent to Otero County are Crowley, Pueblo, Las Animas, Bent, and Kiowa. The U.S. Army Piñon Canyon Maneuver Site is located in Las Animas County. The landscape is predominantly prairie/plains in nature, interspersed with numerous creeks, plateaus, lakes, and the Arkansas River. Mountains located in other counties are clearly visible to the West, the most prominent of which is Pike’s Peak. Agriculture has historically been, and continues to be, a driving economic factor in the area. Numerous cattle feedlots are conspicuously present, and farmland, at times, seems to continue on as far as the eye can see. Two prisons, a state run and privately owned facility, are housed in Crowley County. Otero County is home to a large regional hospital, a junior college, and two large cattle sales operations. There is a railroad station in La Junta, which brings travelers and goods from all directions. The incorporated municipalities in Crowley County are the towns of Crowley, Olney Springs, Ordway (County Seat), and Sugar City, which are governed by a mayor/city council arrangement. Likewise governed by a similar format are the incorporated municipalities of Otero County which includes La Junta (County Seat), Cheraw, Swink, Rocky Ford, Manzanola, and Fowler. The unincorporated areas of both counties are under the governance of their respective Boards of County Commissioners, each board being comprised of three members. The governing body of OCHD is the Otero County Board of Health. This statutorily required body is currently comprised of a medical doctor, a veterinarian, an attorney, a dentist, and a realtor. Members to this board are appointed by the Otero County Commissioners. Demographic characteristics for both counties are as follows (the state has been included for comparison purposes):

	Colorado	Otero	Crowley
Population, 2012 Estimate	5,187,582	18,698	5,365
Land Area, 2010 (square miles)	103,642	1,262	787
Persons per square mile, 2010	48.5	14.9	7.4
Median household income, 2007-2011	\$57,685	\$31,246	\$40,636
Person below poverty, percent, 2007-2011	12.5%	25.7%	18.4%
Female persons, percent	49.8%	50.7%	30.1%
White persons, percent	88.1%	92.1%	84.8%
Black or African American persons, percent	4.3%	1.1%	9.0%
American Indian and Alaska Native persons, percent	1.6%	3.2%	3.2%
Asian persons, percent	3.0%	1.9%	1.2%
Native Hawaiian and Other Pacific Islander, percent	0.2%	0.1	0
Persons reporting two or more races, percent	2.8%	2.6%	1.7%
Persons of Hispanic or Latino origin, percent	21.0%	40.9%	29.8%
White persons, not of Hispanic/Latino origin, percent	69.6%	55.9%	57.4%

Source: US Census Bureau 2012

PRIORITIZATION PROCESS:

OCHD's initial issues of concern were chosen based on information gathered during the community health and capacity assessments and on Colorado's public health improvement priorities, the "Winnable Battles". County alignment with the state's comprehensive improvement plan is necessary for the accomplishment of the state-wide Winnable Battles. OCHD's initial top 5 health concerns/issues were:

- Teen birth rates / teen pregnancy
- No health Insurance
- Obesity
- Diabetes
- Cancer

Criteria used to identify these top five concerns included:

- Colorado health indicator data
- Community health assessment
- Colorado Winnable Battles
- CDC's National Winnable Battles

Following identification of these top five concerns, a prioritization process was completed. This process was used to determine a local public health improvement focus area by further examining and ranking important issues that have been identified through using the comparison matrix (Appendix A & B). A well-defined priority-setting process effectively helps determine how best to strategically direct resources toward issues where they will have the greatest impact. Input from community members is critical to the success of the prioritization process.

Three prioritization criteria were used to choose focus areas:

- 1.) Significance to community health
 - Prevalence of individuals affected or at risk (mortality, morbidity, and injury rates)
- 2.) Ability to impact the issue
 - Existence of strategies/best practices likely to have an impact
 - Level of community readiness, support for change, and community will
- 3.) Capacity to address the issue
 - Local organizations are prepared to take the lead
 - Sufficient resources, including staffing and funding, are available or obtainable

OCHD engaged the Southeast Healthcare Coalition with the process / results of the community health assessment. After the review, the coalition members agreed that the goals were in alignment with the community perception and needs.

Obesity was ranked as the top health priority in Crowley and Otero counties. These health concerns were selected by community members based on:

- Local data showing that county residents are at high risk because of the issues
- Feasibility / practicality to address issues
- Capacity assessment indicating community readiness and availability of strategies/ best practices to address the issues
- County organizations taking the lead on the issues and have resources to accomplish strategies

PROCESS TO SELECT GOALS AND STRATEGIES:

OCHD selected obesity at the top priority in Crowley and Otero Public Health Improvement Plan over the next five years. This priority was chosen to enhance and build upon our current Cardiovascular Program.

The five year improvement goal is to educate the community on health issues related to obesity to positively impact health outcomes in Crowley and Otero counties.

Priority Area: Obesity	
Overview of Issue	<p>Despite Colorado’s ranking as one of the leanest states in the nation, more than half of Colorado adults are overweight or obese. The proportion of Colorado adults who are obese more than doubled during the past 15 years, from 10.3 percent in 1996 to 21.4 percent in 2010. Obesity also threatens the health of future generations. Colorado ranks 29th among states in childhood obesity (ages 10-17 years). One of every eight children ages 2-14 in Colorado is obese.</p> <p>Why is this important: Obesity increases a person’s risk for several serious illnesses:</p> <ul style="list-style-type: none"> ▪ heart disease, ▪ type 2 diabetes, ▪ high blood pressure, ▪ high cholesterol, ▪ stroke, ▪ and some types of cancer <p>As a result, health care for conditions related to obesity costs Coloradans more than \$1.6 billion each year.</p>
What the Data says	<p>Adults</p> <ul style="list-style-type: none"> ▪ 73% of Otero County residents are overweight compared to 58% of Colorado residents.* ▪ 32% of Otero County residents are obese compared to 19.85% of Colorado residents.* ▪ If trends continue, only 33% of Colorado adults will be a healthy weight by 2020. ▪ The obesity rate for Colorado adults 18-64 has risen from just below 20% to 22% in the last year. ▪ While we remain the leanest state for adults, prior to 2011, we were the only state with an obesity rate below 20%. Colorado now loses that point of distinction. ▪ This current adult obesity rate, which makes Colorado the “leanest” state in the nation today, would have made it the “fattest” state in 1995. <p>Children</p> <ul style="list-style-type: none"> ▪ 23% of Colorado children (ages 2-14) are overweight or obese. ▪ With a ranking of 23rd in the nation, Colorado’s childhood obesity rate is rising at the second-fastest rate of increase in the nation. ▪ Between 2003 and 2007, Colorado’s childhood obesity national ranking dropped from 3rd leanest to 23rd and the number of obese 10-17 year olds rose from 48,000 to 72,000. <p>(LiveWell Colorado Data)</p> <p>* No data was provided for Crowley County</p>
Community needs	<p>There is no simple solution to significantly reduce overweight and obesity. As a public health problem, it should be approached through the use of several channels. Some measures that can be taken include, but are not limited to:</p> <ul style="list-style-type: none"> ▪ Changing the perception of overweight and obesity at all ages from being a cosmetic problem to a health problem. ▪ Choosing to be physically active during leisure time (at least 30 minutes of moderately intense physical activity per day, most days of the week, and 60 minutes for children and adolescents). ▪ Health screenings to identify and educate regarding health risk factors associated with obesity.

Crowley / Otero County Action Plan

Goals and Objectives: Increase the knowledge of Crowley and Otero residents of risk factors associated with obesity by promoting Cardiovascular screening, youth educational materials, and supporting other obesity prevention strategies.

1. Increase the community's education level regarding nutrition
2. Increase the number of community members who are screened and referred for serious Cardiovascular illness
3. Increase screening to pre-diabetic adults to prevent them from getting type 2 diabetes

Background on Strategy:

Evidence Base:

- 1.) Centers for Disease Control and Prevention National Heart Disease & Stroke Prevention Program
- 2.) 5210 Campaign

Essential public health services: 1, 2, 3, 4, 5, 7, 8

Colorado Winnable Battle : 6

Strategies	Implementation Details	Target Group(s)	Resources & Barriers
1.) Screen 60 community members who may be at risk of acquiring serious illnesses related to obesity and diabetes, and refer to local resources. Counseling will focus on risk factor management and lifestyle and nutritional changes.	Provide cardiovascular screenings, to include total cholesterol, HDL, LDL, glucose, triglycerides, BMI/Body Fat percentage, and blood pressure at OCHD, health fairs, and worksites in Crowley and Otero County.	Crowley and Otero residents ages 19-64, regardless of insurance status.	<ul style="list-style-type: none">▪ LiveWell Colorado▪ Local registered dietitian, Jo Jancar▪ CDPHE Prevention Services Division▪ National Coalition for Promoting Physical Activity▪ Million Hearts▪ 5210 Campaign▪ American Heart Association▪ Colorado QuitLine
	Any person at or below 250% FPL who is considered to be at risk for cardiovascular disease will be referred to their primary care physician.	Crowley and Otero residents ages 19-64, regardless of insurance status.	
2.) Community Wide consistent messaging regarding nutrition through promotion of “5210” campaign.	Provide “5210” prescription pads to physician practices to give to parents at well child visits.	Parents of children ages 0-18	
	Provide “5210” educational materials to community organizations who work with children.		